

COUNTY BOROUGH



OF HUDDERSFIELD.

ANNUAL REPORT

OF THE

Medical Officer of Health,


CHIEF SCHOOL MEDICAL OFFICER,
MEDICAL SUPERINTENDENT OF
HOSPITALS, CHIEF TUBERCULOSIS
OFFICER, AND MEDICAL OFFICER
TO THE MENTAL DEFICIENCY
COMMITTEE.

FOR THE YEAR

1936.

JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.,

Fellow of the Society of Medical Officers of Health,
Fellow of the Royal Sanitary Institute, and Member of
the British Medical Association.



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COUNTY BOROUGH OF HUDDERSFIELD.

Committees, 1936-37.

Health Committee :

Chairman : COUNCILLOR F. I. BUTTERWORTH, J.P.

Deputy Chairman : COUNCILLOR J. W. HIRST, M.R.C.S., L.R.C.P.

His Worship the Mayor (Councillor J. Barlow, J.P.)

The Chairman of the Finance Committee (Councillor J. Barlow, J.P.)

Councillor A. Berry.

Councillor J. W. B. Johnson.

„ J. Cantwell.

„ J. H. Kahn.

„ D. Crawshaw.

„ T. W. Woodhead, M.Sc., F.L.S.

„ J. J. Crossley.

„ T. Wrigley.

„ J. F. Gent.

Maternity and Child Welfare Committee :

Chairman : COUNCILLOR J. W. B. JOHNSON.

Deputy Chairman : COUNCILLOR T. W. WOODHEAD, M.Sc., F.L.S.

His Worship the Mayor (Councillor J. Barlow, J.P.)

Councillor A. Berry.

Councillor T. Wrigley.

„ F. I. Butterworth, J.P.

Mrs. M. Blamires, M.B.E., J.P.

„ J. Cantwell.

Mrs. K. J. Broadbent.

„ J. W. Hirst, M.R.C.S., L.R.C.P.

Mrs. N. Mellor.

„ A. H. Noble.

Miss Irving, J.P.

„ M. E. Sykes.

Mr. W. K. B. Broadbent, M.A.

Public Assistance Committee :

Chairman : COUNCILLOR J. W. B. JOHNSON.

Deputy Chairman : COUNCILLOR J. F. BEST.

His Worship the Mayor (Councillor J. Barlow, J.P.)

The Chairman of the Finance Committee (Councillor J. Barlow, J.P.)

Councillor G. Armitage.

Councillor J. R. Gregson.

„ A. Berry.

„ J. W. Hirst, M.R.C.S., L.R.C.P.

„ F. Bower.

„ T. J. Moran.

„ F. I. Butterworth, J.P.

„ A. H. Noble.

„ J. Cantwell.

„ M. E. Sykes.

„ J. J. Crossley.

„ T. W. Woodhead, M.Sc., F.L.S.

„ J. F. Gent.

„ T. Wrigley.

Housing Committee :

Chairman : COUNCILLOR J. E. LUNN.

Deputy Chairman : COUNCILLOR A. P. NICHOL. J.P.

His Worship the Mayor (Councillor J. Barlow, J.P.)

The Chairman of the Finance Committee (Councillor J. Barlow, J.P.)

Alderman A. Gardiner.

Councillor D. Crawshaw.

„ A. Hirst.

„ L. Denham.

„ W. T. Priest, J.P.

„ J. W. Hirst, M.R.C.S., L.R.C.P.

Councillor G. Armitage.

„ W. Scott.

„ A. Berry.

Staff of the Public Health Department.

Medical Officer of Health, Chief School Medical Officer, Medical Superintendent of Hospitals, Chief Tuberculosis Officer, and Medical Officer to the Mental Deficiency Committee :

JOHN M. GIBSON, B.A., M.D., B.Ch., D.P.H.

Assistant Medical Officers of Health :

Miss Katherine A. Gill, M.B., B.S. (London), Senior Assistant.
 Miss Marjorie Haynes, B.Sc., M.B., Ch.B.
 Miss Margaret C. Douglas, M.B., Ch.B., D.P.H. (Left 31/1/36).
 Miss Dorothy B. Thomson, M.D., Ch.B.
 Miss Jean A. Gemmell, M.A., M.B., Ch.B. (Left 30/5/36).
 Miss Edith E. Cromb, M.B., Ch.B., D.P.H. (Commenced 3/6/36).
 Miss E. Clare Illingworth, M.B., Ch.B., M.R.C.S., L.R.C.P., B.Sc.
 (Commenced 22/7/36).
 Miss Honora J. Twomey, M.D., Ch.B., D.P.H. (1/2/36 to 21/7/36).

Assistant Tuberculosis Officer :

Ernest Firth, M.B., Ch.B.

Assistant School Medical Officers :

Miss Elizabeth W. Miller, M.B., Ch.B., D.P.H. (Left 21/7/36).
 Miss Honora J. Twomey, M.D., Ch.B., D.P.H. (Acted as Assistant
 Medical Officer of Health 1/2/36 to 21/7/36).
 George A. W. Neill, M.B., B.Ch., D.P.H. (Commenced 23/3/36).

School Dentists :

Alexander B. Shields, L.D.S., R.F.P.S.
 Cecil R. A. Airey, L.D.S.

Mill Hill Isolation Hospital :

Miss A. Lydia Hansen, M.B., Ch.B. (Left 21/10/36)
 Miss Agnes P. Routledge, M.B., Ch.B. (Commenced 21/10/36).
 *Miss E. White, Matron.

Bradley Wood Sanatorium :

Ernest Firth, M.B., Ch.B., Resident Medical Officer.
 †*Miss Edith Simpson, Matron. (Left 31/3/36).
 Miss Maud L. G. Clark, Matron (Commenced 1/4/36).

Municipal Maternity Home :

†*Miss I. Smith, Matron.

Children's Homes, Scholes :

E. Trotter, M.B., Ch.B., M.R.C.S., L.R.C.P., Medical Officer.
 Miss C. Smith, Matron.

Sanitary Inspectors :

°§Ernest Richardson (Chief Inspector).
 ab°§Dennis Drake.
 b°§George Foster.
 b°§William W. Townsend.
 §James V. Goodall.
 °||Wilfred Wiles.
 °||Jack Beever (also part-time Assistant to Veterinary Officer).

Housing Inspectors :

ab°||Eric Drake.
 °||Frank Ellam.

Temporary Assistant Housing Inspectors :

°||Norman L. Wilding. (Left 12/3/36).
 ||Daniel Bowers. (Left 6/2/36).
 ||John H. Raynor. (Promoted to Inspector 7/2/36).
 ||Neel Benson. (Commenced 1/1/36, left 29/2/36).
 °§Samuel E. Cousins-Mercer. (Commenced 2/3/36).
 ||Fred Owen. (Commenced 6/4/36).
 ||Victor N. Page. (Commenced 14/9/36).
 ||Edward G. Pollard. (Commenced 1/10/36).

7 Temporary Junior Clerks—(Housing Act, 1930) :

Infectious Diseases Removal Officer :

Stanley Johnson.

Tuberculosis Nurse :

*Miss Catherine Vickers.

Infant Welfare Nurses and Infant Life Protection Visitors :

f†*Miss Beatrice E. Garrett.
 fe†*Miss Marion Godley.

School Nurses :

Miss Bessie Tomlinson.
 *Miss Maud Dalton.
 Miss Mabel E. Daniels.
*cd**Miss Sarah A. Maunder.
*e†**Miss Mary Williams. (Left 31/1/36).

Clerical Staff :

Bernard Pilkington (Chief Clerk).
 Miss Alice Berry.
 Roland Burns.
 Horace C. Smith.
 Eric L. Darwin.
 Kenneth Holmes.
 Miss Annie Haigh.
 Miss Gladys M. Armitage (Temporary).
 Miss Joan E. Fleetwood (Temporary). (Commenced 21/4/36).
 Miss Marion Gaunt (School Medical Department).
 Miss Marjorie Hirst (do. do.).
 Miss Kathleen M. Sykes (do. do.).
 Miss Dorothy Ramsden (do. do.).
 Miss Alma J. Sleaf (do. do.).
 (Commenced 1/2/36).

Ophthalmic Consultant :

H. Tomlin, M.D., D.P.H.

Orthopædic Surgeon :

William Barclay, M.B., F.R.C.S. (Ed.)

Veterinary Officer :

W. R. McKinna, M.R.C.V.S., D.V.S.M.

Public Analyst :

Henry T. Lea, M.Sc., F.I.C.

Vaccination Officer :

Ernest Firth.

District Medical Officers and Public Vaccinators :

C. Sheehy, M.B., B.Ch. J. McCurdy, L.R.C.P.I. & L.M., L.R.C.S.I. & L.M.
 R. C. McIntosh, M.B., Ch.B. S. Prior, M.B., B.Ch.
 J. J. Hanratty, M.B., Ch.B. R. J. Ogden, L.R.C.P.S.I.
 S. H. Waddy, F.R.F.P.S., L.R.C.P.S., L.D.S.

Venereal Diseases Clinic :

Denton Guest, M.D. (Medical Officer).
 Frederick Reed (Orderly).

St. Luke's Hospital :

A. M. Affleck, M.D., Ch.B., M.R.C.P., Visiting Physician.
 John Hunter Armstrong, L.R.C.P. & S.I., Resident Medical Officer
 (Left 1/7/36).
 Ronald G. Smithson, M.B., Ch.B., Resident Medical Officer
 (Commenced 1/7/36).

Consultant Obstetricians :

A. L. McCully, M.B., B.Ch., B.A.O.
 W. S. Dickson, M.D., B.Ch., M.A.O.
 W. D. Galloway, F.R.C.S.

Infant Life Protection and Boarding Out Visitor :

Mrs. Edith Cook.

* State Registered Nurse.

† Certificate of Central Midwives' Board.

§ Certificate of Royal Sanitary Institute.

|| Certificate of Sanitary Inspectors' Joint Board.

° Meat Certificate of Royal Sanitary Institute.

a Sanitary Science Certificate of Royal Sanitary Institute.

b Smoke Abatement Certificate of Royal Sanitary Institute.

c Fever Certificate.

d Member of College of Nursing.

e Qualified Queen's Nurse.

f Health Visitor's Certificate.

C. SHEEHY, M.B., B.Ch.,
 Died 3rd February, 1937.

PUBLIC HEALTH DEPARTMENT,
HUDDERSFIELD,

JUNE, 1937.

TO THE CHAIRMAN AND MEMBERS OF THE HEALTH COMMITTEE.

GENTLEMEN,

I have the honour to present to you the Annual Report for the year 1936 on the Public Health Services of the Borough, in accordance with Article 14 (3) of the Sanitary Officers' Order, 1926. The Report follows the lines indicated by the Ministry of Health in Circular 1561, dated October 16th, 1936. Although it is an ordinary Report, and not a survey one of the five yearly series, a number of Tables giving rates and statistics for earlier years are included, as the continuity of information of this kind adds greatly to its value.

The local health statistics for the year were on the whole satisfactory. The severe climatic conditions experienced in the winter months were responsible for increased morbidity and mortality at that period, particularly amongst the young and the old, but the standard of health generally throughout the year, as judged both by official returns and by unofficial reports, was reasonably good. Minor outbreaks of various infectious diseases occurred, the chief being of Measles, but none were severe in character, and the death rate from all, with the exception of Diphtheria, was below the average.

When compared with the previous three years, there was a welcome drop in the number of cases of Diphtheria notified, but a fairly large proportion of the cases met with were severe in type, and the case mortality rate was accordingly high. This was not surprising, for typing of the organisms found demonstrated that 90 per cent. of the cases notified were of the "gravis" type, so that as the epidemic has waned, the prevailing type of organism has not altered. This disease is still a great menace, therefore, for those who are not protected against it, particularly for the young, who, as a rule, have acquired only a small degree of natural immunity. It is particularly unfortunate on that account to find that as the alarm occasioned by the epidemic has diminished, so the number who are willing to accept immunisation has decreased. Last year, out of approximately 1,400 three year old children to whom immunisation free of charge was offered, only 134, or less than one-tenth, accepted. For the benefit of those who may be considering the matter it must be emphasised that the need for immunisation is as great as ever, and that the claims made for it have withstood the practical test of experience, not only in other areas, but also locally. Its value cannot be better demonstrated than by quoting two questions which were asked recently in Parliament regarding the position in Huddersfield and the replies given thereto:

QUESTION: (1) "How many cases of Diphtheria have been recorded in Huddersfield in children who have been immunised against that disease? Have there been any deaths in immunised children during the period in which immunisation has been practised?"

ANSWER: Approximately 50 per cent. of the children of Huddersfield have been immunised to protect them against Diphtheria.

During the past four years amongst the 50 per cent **not** treated by immunisation there were 1,138 cases of Diphtheria, resulting in 133 deaths.

During the same period amongst the 50 per cent. **treated** by immunisation there were 40 cases of Diphtheria, resulting in 1 death.

The 1 death referred to above is the only instance in which a death has occurred in a child who had been immunised."

QUESTION : (2) "How many children at Huddersfield up to the age of five years have been immunised against Diphtheria ; and how many cases of, and deaths from, Diphtheria have been recorded during the last four years in Huddersfield in children up to five years of age ?

ANSWER : The following figures show the incidence of Diphtheria amongst children under five years of age during the past four years (1933-1936 inclusive) :—

Total number of cases of Diphtheria in children under five years of age during these years	263
Number of deaths occurring amongst these children	39
Number of children immunised	1,252
Number of cases of Diphtheria amongst these	7
Number of cases amongst these resulting in deaths	None

There have been no deaths from Diphtheria at any time amongst any children under the age of five years who were previously immunised."

For the first time, no doubt, in the history of the Borough, a case of primary Malaria was notified. There is no danger of spread of infection in a case of this kind, as it is conveyed by varieties of mosqui'oes which are not found in the British Isles. The occurrence of such a case demonstrates, nevertheless, how the risk of infection being introduced from abroad has been increased by modern methods of transport. It is quite possible now for a person to pick up infection in almost any part of the world and to reach this country by aeroplane within the time necessary for the disease to incubate.

An interesting feature of the health returns, referred to in the Report, is the reduction which has occurred within recent years in the death rate from Tuberculosis. The death rate last year was only 0.54—just about one-half of what it was ten years ago. The reduction recorded has occurred in both the Pulmonary and Non-Pulmonary forms of Tuberculosis. With improved housing conditions and the lessening of overcrowding, particularly in families where there is already infection in their midst, there is every reason to believe that there will be a still further reduction in the death rate from Pulmonary Tuberculosis. We cannot hope, however, to find much additional improvement in the Non-Pulmonary forms of Tubercular infection—especially in those which are caused by the bovine type of organism—so long as milk containing active Tubercle Bacilli is distributed. In spite of all the attention which has been given in recent years to the production of a clean and a safe milk supply we still find that between 4 and 5 per cent. of all the samples of ordinary milk tested contain living Tubercle Bacilli. In course of time, perhaps, it may be possible to supply a guaranteed milk at a price at which it can be purchased by the public generally, but in the meantime it must be obvious to everyone that ordinary milk should be treated by heat in some form or other prior to consumption, to destroy any harmful bacteria that may be contained therein.

In view of the passing of the Midwives Act of 1936, which establishes what one might call a municipally controlled midwifery service throughout the whole country, it is appropriate to call

attention to the success which has attended the local scheme relating to the notification of pregnancy. When this was first put into operation in 1916 the view was expressed by many that it would not be acceptable to the public generally, but the steady increase in the number of notifications received year by year has shown that, whatever feelings of resentment there may have been in the early stage at disclosing information of this kind, these have been gradually overcome, for last year just over 80 per cent. of the births recorded had been notified to the Health Department under the scheme during the stage of pregnancy. At a conference held recently in London the Minister of Health pointed out that, although facilities have been made available by Local Authorities all over the country for the provision of ante-natal care, rather less than 50 per cent., on an average, of expectant mothers are brought into touch with the services provided. It is justifiable to assume, therefore, that amongst the extra 30 per cent. dealt with in Huddersfield there are many who, but for the scheme, would have escaped notice altogether, and amongst this group one would expect to find a larger proportion of the careless and indifferent who require supervision most. This scheme of voluntary notification has been unique in its application to Huddersfield, and in spite of its success it will probably now remain so, because as the municipally controlled midwifery service organised under the new Act gradually supplants the service provided by independent midwives, information regarding all booked cases will be made available automatically to the Public Health staff, and the need for a notification scheme will disappear.

The Report shows that good progress has been made during the year with regard to slum clearance, but there is still much to be done. When this work was commenced some five years ago, the full extent of the problem was not appreciated, for a complete housing survey in the Borough had never been undertaken. As detailed information regarding the housing conditions became available, the amount of replacement to be done has loomed greater and greater, but progress must be limited, obviously, by the speed at which new housing accommodation can be provided.

The overcrowding survey carried out in the early part of the year revealed that some 1,341 houses in the Borough were overcrowded. It has not been possible so far, unfortunately, to provide much relief in regard to this problem, because no new houses have been erected specifically for this purpose, and for every house erected under the slum clearance programme, one already condemned is demolished. With little increase taking place in the total number of houses in the Borough, anything like free interchange of tenancy is impossible, and many hours have to be spent at interviews trying to explain—one fears with little success—why the residents of clearance areas must be given prior consideration.

In submitting the Report, may I again be permitted to express my appreciation of the continued support and encouragement which have been received at all times from the Chairmen and Members of the various Committees associated with the work of the Department. To my staff, also, I wish to express my thanks for their loyalty, their valuable services, and for the courteous yet efficient manner in which they have carried out their duties.

I have the honour to be, Gentlemen,

Your obedient servant,

John M. Gibson

GENERAL STATISTICS.

- 1.—**Situation of the Borough.**—Latitude varies from 51° 41' 45" N. to 53° 36' 40" N.; Longitude varies from 1° 44' W. to 1° 53' W.
- 2.—**Elevation.**—Varies from 150 feet to 1,200 feet above Sea Level.
- 3.—**Area of the Borough.**—11,875 acres.
- 4.—**Population.**—1931 Census, 113,475; estimated by the Registrar-General at middle of 1936, 115,300, for calculating death, mortality, and birth rates.
- 5.—**Density of Population.**—For the Borough 9.7 persons per acre.
- 6.—**Number of Inhabited Houses (1931)** ... 31,650
- 7.—**Number of Inhabited Houses (end of 1936)** according to Rate Books ... 37,113
- 8.—**Number of Families or Separate Occupiers (Census 1931)** 32,109
- 9.—**Rateable Value of the Borough**—£867,019.
- 10.—**Sum represented by 1d. Rate.**—£3,275.

CHIEF OCCUPATIONS AND SOCIAL CONDITIONS.

The steady improvement in trade conditions generally which occurred during the year 1935 continued during the past year, and the increased demand for labour found work for many who had almost despaired of ever being able to find employment again. The following figures indicate the change in regard to unemployment which has taken place since the beginning of 1935:—

		Totally unemployed	Temporarily suspended or working short time	Total
January, 1935	...	3,566	3,900	7,466
April, 1935	...	3,224	3,948	7,172
July, 1935	...	2,757	2,557	5,314
October, 1935	...	2,815	1,659	4,474
January, 1936	...	2,211	1,080	3,291
April, 1936	...	2,161	1,632	3,793
July, 1936	...	2,056	1,872	3,928
October, 1936	...	1,992	1,569	3,561
April, 1937	...	1,686	958	2,644

The chief local industries given in order corresponding to the greatest number of persons employed in each are as follows:—

- (1) Woollen industries.
- (2) Commercial occupations.
- (3) Metal trades.
- (4) Transport occupations.
- (5) Clerical occupations.
- (6) Building trades (including quarrying).
- (7) Engineering trades.
- (8) Agricultural occupations.
- (9) Chemical trades.

Below are shown the chief occupations grouped according to the order of their average death-rates during the past five years. The highest death-rates occur amongst engineers and chemical workers, though the figures under consideration are too small and, therefore, subject to rather great variation from year to year to be regarded as an index of the influence upon health of the trades concerned. It will be noted, for example, that the deaths amongst chemical workers varied in these five years from 1 in 1936 to 25 in 1933.

Occupation	Deaths in					Average Death Rate per 1,000 for past 5 years
	1932	1933	1934	1935	1936	
Metal Workers	4	13	9	18	9	2.00
Clerks, Typists & Draughts- men	15	19	14	11	10	4.35
Textile Workers	148	148	124	139	115	7.10
Commercial Occupations ...	56	72	93	94	91	7.16
Transport Workers	31	29	29	29	39	8.72
Building Trades (includes Quarry Workers)	33	39	29	48	31	11.23
Agricultural Workers	10	8	9	12	6	11.30
Unspecified Trades	108	109	110	83	81	16.90
Chemical Workers	16	25	5	7	1	18.10
Household Duties (includes Housewives, Domestics, etc.)	986	1193	1087	1139	1240	19.64
Retired or not Gainfully Occupied						
Too young for occupation ...)						
Engineering Trades... ..	40	56	30	17	28	27.63

The above figures show that the death-rate during the past five years amongst those engaged in the building trades, including quarry workers, was just about the average. At the same time as a result of the large number of chest examinations carried out in the Department every year the opinion has been formed that quarrying and stone dressing exercise a deleterious effect upon the health of many of those engaged in these occupations. In spite of the means adopted to lessen the production and blowing about of dust, inhalation of this irritating substance cannot be entirely eliminated, and when inhaled it is liable to give rise to fibrosis and other inflammatory conditions of the lungs.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live Births during 1936.

	Males	Females	Total
Legitimate	674	705	1,379
Illegitimate	30	32	62
			<hr/> 1,441

Birth-rate per 1,000 of the estimated resident population—**12.30**

Still Births.

	Males	Females	Total
Legitimate	44	35	79
Illegitimate	—	2	2
			<hr/> 81

Rate per 1,000 total (live and still) births—53.22.

Deaths.

Males	Females	Total
779	872	1,651

Death-rate per 1,000 of the estimated resident population—**14.10**

Deaths from puerperal causes (headings 29 and 30 of the Registrar General's Short List)—

	Deaths.	Rate per 1,000 total (live and still) births.
No. 29 Puerperal Sepsis ...	3	2.0
No. 30 Other Puerperal Causes	6	3.9
Total	<hr/> 9	<hr/> 5.9

Death-rate of Infants under One Year of Age.

All infants per 1,000 live births	...	...	...	63
Legitimate infants per 1,000 legitimate live births	...	...	...	61
Illegitimate infants per 1,000 illegitimate live births	...	...	...	113
<hr/>				
Deaths from Cancer (all ages)	...	...	211	Rate 2.80
Deaths from Measles (all ages)	...	...	7	„ 0.06
Deaths from Whooping Cough (all ages)	...	...	8	„ 0.07
Deaths from Diarrhœa (under two years of age)	...	...	1	„ 0.01

LOCAL STATISTICS.

The Registrar-General's estimate of the population for the year was 115,300, which is 300 more than in the previous year. The birth-rate has been lower than the death rate during each of the past six years, so that there has not been any natural increase in the population. At the same time trade conditions have been, comparatively speaking, fairly good, and considering the increase which has taken place in the number of dwelling houses in the area since the census was taken in 1931, it is probable that the population given is a fairly accurate estimate. In any case, it is the figure on which all the statistical rates for the year have to be based.

Table I. shows the vital statistics of the area since the year 1911. The birth-rate is shown in column 5 to have been higher than that of the previous year, but the death-rate (in column 13) was also higher, so that the difference between the two was actually greater than in 1935.

Table II. compares the local birth and death-rates with the average rates for other towns and for the country generally. The birth-rate is again below the average, whilst the death-rate remains higher.

The other figures for Huddersfield given in this table correspond very closely to those shown as the averages of the 122 County Boroughs and "Great Towns" with the exception of the death-rates for Diphtheria and for Diarrhœa in children under two years of age. Although the epidemic was subsiding, Diphtheria was still prevalent in the early part of the year, and the death-rate is shown to have been double the average of the "Great Towns." The death-rate from Diarrhœa in young children, on the other hand, was exceptionally low.

The infant mortality rate here recorded (63) compares unfavourably with the rate for the previous year (45), and was higher than the rate for England and Wales as a whole (59). It is the same figure, however, as the average for the County Boroughs and "Great Towns."

Table III. shows the distribution of infant deaths in the various districts of the Borough throughout the year. The Central area again gave the highest number, and the severe climatic conditions which were prevalent at both the beginning and end of the year are reflected in the Death Returns for the months of January and December.

Table IV. refers to the deaths of infants under one year of age. Deaths from Pneumonia are shown to have numbered 18—quite a marked increase over the previous year. The greatest number of deaths, however, resulted from Prematurity and conditions associated therewith. It will be observed that again, for the third year in succession, the number of deaths during the first week of life exceeded those in the remaining fifty-one weeks of the first year.

Table V. gives the causes of all the deaths which occurred during the year and their distribution over the various age groups. Heart Disease as usual claims top position on the list, but in reality it is not such a serious risk as the Returns of the certified causes of death would suggest. When present it is, of course, a serious condition, and often does endanger life, but many of the deaths attributed to this cause should be attributed, actually, to Senility. As the body gets older the various organs deteriorate, and when the heart begins to fail after seventy or eighty years of constant work, throughout night and day without a pause, the words "Heart failure" or "Myocarditis" on the death certificate merely indicate that a state of exhaustion, through age, has been reached.

Deaths from Cancer were 17 more than in the previous year—quite a substantial increase. Although it is known that classification is better at the present time than it used to be, there is reason to believe that the prevalence of Cancer is increasing, and this increase cannot entirely be accounted for by the fact that more people are now reaching the period of old age when Cancer is naturally more likely to occur. Much research work is being done on this subject in various parts of the country, but so far no explanation has been given which will account in a satisfactory manner for the increased prevalence of the disease.

It is of interest to observe that the numbers of deaths from Pneumonia and from Bronchitis were practically the same as in the previous year.

Diseases or conditions responsible for more than 50 deaths are shown in the following list and, for comparison, the numbers of deaths from these conditions in the previous year are also given :—

CAUSE OF DEATH				1936	1935
Heart Disease	...	...	...	295	309
Cancer	...	...	...	211	194
Other Circulatory Diseases			...	191	125
Pneumonia	...	...	...	105	106
Bronchitis	...	...	...	96	96
Senility	...	...	...	94	60
Cerebral Hæmorrhage			...	93	97
Acute and Chronic Nephritis			...	85	90
Congenital Debility, Premature Birth,					
Malformations, &c.	...	...		58	42
Pulmonary Tuberculosis	...	...		54	66

Further statistics relating to Cancer and showing both the sex distribution and the organs of the body involved are given in Table VI. Although, as in previous years, involvement of the mouth and gullet was more common in the male than in the female sex, the great susceptibility of the uterus and breast in females raised the deaths amongst women to 25 per cent. more than those amongst men.

Various circulars have been published from time to time calling the attention of the public to the good results that have been obtained in the treatment of Cancer, in cases where advice has been sought at an early stage of the disease. The advanced case is, as a rule, hopeless, but the results obtained both by surgical operation and by radium treatment in early cases have been wonderfully good. Whether we call it fortunately or unfortunately, it is a fact that in the early stages Cancer causes no pain and little discomfort, and so quite

frequently an advanced stage has been reached when the medical advisor is first consulted. At the same time there are many persons who suspect Cancer and are afraid to get advice in case their suspicions may be confirmed. The success attending **early** treatment should be an incentive to everyone to seek advice at the earliest moment possible. If the fears should prove groundless the mind is freed from a heavy load of anxiety ; if, on the other hand, the suspicion of Cancer is confirmed, treatment can then be undertaken with a reasonable hope of cure.

Table VII. shows the distribution over the wards of the Borough of all the births and deaths recorded. It will be observed from the last two columns that the death-rates from the chief infectious diseases were greater in the Central and Dalton Wards than in the others. From Tuberculosis alone there were more than twice as many deaths in the Central Ward than occurred in any of the others. The highest death-rate from all causes occurred in the Almonbury Ward, whilst the Central Ward had the distinction of recording the greatest reduction in its death-rate.

Table VIII. is rather a lengthy Table, but it is again included in full as its figures demonstrate so clearly a few of the results attained by Public Health work since the beginning of the present century. Although the infantile mortality rate was higher last year than in the previous year, this Table shows that even on last year's figures both the rate for children under one year and that for children between one and five years of age have dropped to approximately one-quarter the rates which obtained at the beginning of the century. With Measles, Scarlet Fever, Diphtheria and Whooping Cough there has been no appreciable reduction in the death-rate, for epidemics of all four occur from time to time, and the death-rates vary accordingly. There has, however, been a very decided drop in the death-rates attributable to both Diarrhœa and Typhoid Fever—diseases which respond more readily to the influence of improved sanitation. Again in regard to respiratory diseases there has been a marked and well sustained drop, the rate now being only a little more than half that prevailing at the beginning of the century.

The information given in Table IX. was collected, for the most part, by the Medical Officer of Health for Stockport, and gives an interesting comparison between the vital statistics of the various "Great Towns" surrounding Manchester.

It will be observed from this Table that the local birth-rate and also that of the neighbouring town of Halifax are both below the average.

The infantile mortality rate for 1936 was, as already mentioned, higher than in the previous year, but the figure was the same as that for the 122 "Great Towns," and it is shown in this Table to have been below the average of the surrounding County Boroughs. If we consider the average rate for the previous five years we find that the rate for Huddersfield was lower than that of any of the other Boroughs mentioned.

This Table shows that the death-rate from Tuberculosis was also below the average.

TABLE I.

Vital Statistics of Huddersfield during the Year 1936, and previous Years.

YEAR.	Population estimated to middle of each year.	Births.			Total Deaths registered in the District.		Transferable Deaths.		Nett Deaths belonging to the District.			
		Un-corrected Number.	Nett.		Number.	Rate.	of Non-residents registered in the District. 8	of Residents not registered in the District. 9	Under 1 Year of Age.		At all Ages.	
			Number.	Rate.					Number.	Rate per 1,000 nett Births. 11	Number.	Rate.
1	2	3	4	5	6	7	8	9	10	11	12	13
1911	108144	2126	2122	19.69	1664	15.44	84	55	281	132	1635	15.17
1912	109512	2060	2056	18.84	1540	14.11	94	61	199	97	1507	13.81
1913	110882	2196	2196	19.50	1681	14.92	101	84	227	103	1664	14.77
1914	112265	2030	2030	18.08	1690	15.05	104	63	227	112	1649	14.69
1915	112265	1940	1935	17.29	1796	16.05	90	124	212	109	1830	16.35
1916	115390	1905	1906	17.20	1747	15.71	156	83	198	103	1674	15.11
1917	107969	1646	1650	15.29	1475	13.29	123	79	132	80	1431	13.29
1918	105818	1575	1575	13.35	1737	16.41	105	130	158	100	1762	16.65
1919	105346	1519	1519	12.66	1701	15.81	107	98	144	95	1692	15.81
1920	112301	2106	2102	18.02	1546	13.81	111	62	169	80	1497	13.37
1921	116776	2040	2049	17.60	1607	13.80	126	70	178	87	1481	12.72
1922	111900	1837	1827	16.38	1503	13.47	101	67	137	74	1469	13.17
1923	111600	1752	1752	15.75	1459	13.11	115	60	126	72	1404	12.62
1924	111800	1666	1627	14.32	1625	14.31	102	64	159	97	1587	13.97
1925	112000	1660	1631	14.61	1576	14.11	160	78	112	69	1494	13.38
1926	111900	1617	1559	13.98	1494	13.19	126	56	90	58	1424	12.77
1927	112100	1609	1574	14.09	1685	15.08	135	117	117	74	1667	14.92
1928	113000	1573	1537	13.65	1543	13.70	150	102	102	66	1495	13.27
1929	113100	1536	1439	12.77	1742	15.45	150	96	114	79	1688	14.98
1930	113100	1669	1531	13.33	1622	14.12	170	75	85	56	1527	13.29
1931	114300	1535	1398	12.27	1639	14.39	159	90	86	62	1570	13.78
1932	114000	1505	1335	11.75	1547	13.62	175	75	70	52	1447	12.74
1933	114000	1510	1297	11.42	1842	16.21	216	85	64	49	1711	15.06
1934	114500	1673	1435	12.58	1683	14.75	223	79	84	59	1539	13.49
1935	115000	1705	1397	12.19	1750	15.27	231	78	63	45	1597	13.93

TABLE II.
Birth-rates, Death-rates, and Analysis of Mortality in the Year 1936.
England and Wales, 122 County Boroughs and Great Towns, and 143 Smaller Towns.

Provisional figures based on Weekly and Quarterly Returns.

	RATES PER 1,000 POPULA- TION.		ANNUAL DEATH-RATE PER 1,000 POPULATION.										RATES PER 1,000 LIVE BIRTHS.	
	Live Births.	Still- births	All Causes.	Typhoid and Para- typhoid fevers.	Small Pox	Measles.	Scarlet Fever.	Whooping- Cough.	Diphtheria.	Influenza.	Violence.	Diarrhoea and Enteritis (under 2 Years).	Total Deaths under One Year.	
England and Wales.....	14.8	0.61	12.1	0.01	—	0.07	0.01	0.05	0.07	0.14	0.52	5.9	59	
122 County Boroughs and Great Towns, including London ..	14.9	0.67	12.3	0.01	—	0.09	0.01	0.06	0.08	0.14	0.45	8.2	63	
143 Smaller Towns— (Resident Populations 25,000 to 50,000 at Census 1931) ..	15.0	0.64	11.5	0.00	—	0.04	0.01	0.04	0.05	0.15	0.39	3.4	55	
London Administrative County	13.6	0.53	12.5	0.01	—	0.14	0.01	0.06	0.05	0.14	0.52	14.4	66	
Huddersfield	12.3	0.69	14.1	0.00	—	0.06	0.02	0.07	0.18	0.14	0.46	0.69	63	

TABLE III.
Deaths of Infants under One Year of Age during the Year 1936.
Monthly, Quarterly, and Ward Distribution.

Month	Central	Dalton	Almond-bury	Lockwood	Lindley	Moldgreen	Month	Total Quarter	Total Year
January ...	3	4	1	—	3	1	12	28 21 15 27 91	91
February ...	3	—	—	3	—	1	7		
March ...	3	3	2	—	1	—	9		
April ...	—	1	3	1	2	—	7		
May ...	2	1	—	3	—	1	7		
June ...	4	2	—	—	1	—	7		
July ...	1	—	—	—	1	—	2		
August ...	1	2	2	2	1	—	8		
September ...	1	—	1	—	2	1	5		
October ...	1	2	1	1	—	1	6		
November ...	1	1	2	—	3	1	8		
December ...	1	2	2	3	1	4	13		
Total Year ...	21	18	14	13	15	10	91	91	

TABLE IV.

Infant Mortality during the Year 1936.

Nett Deaths from stated causes at various ages under One Year of Age.

CAUSES OF DEATH.	Under 1 week.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks & under 3 months.	3 months & under 6 months.	6 months & under 9 months.	9 months & under 12 months.	Total Deaths under 1 Year.
All Causes—										
Certified	49	5	1	..	55	10	13	10	3	91
Uncertified .. ..	..	..	..	..	..	..	..	..	..	..
Small Pox .. ..	..	..	..	..	..	..	..	..	..	..
Chicken-pox .. ..	..	..	..	..	..	..	..	..	..	..
Measles .. ..	..	..	..	..	..	..	1	1	..	2
Scarlet Fever .. ..	..	..	..	..	..	..	..	..	..	..
Diphtheria and Croup .. ..	..	..	..	..	..	..	..	..	..	..
Whooping Cough .. ..	..	..	..	..	..	1	..	1	..	2
Diarrhœa .. ..	..	..	..	..	..	..	..	..	..	..
Enteritis	1	..	..	..	1	..	..	..	..	1
Tuberculous Meningitis .. ..	..	..	..	..	..	..	..	..	..	..
Abdominal Tuberculosis .. ..	..	..	..	..	..	..	..	..	1	1
Other Tuberculous Diseases .. ..	..	..	..	..	..	..	..	..	..	..
Congenital Malformations	4	2	..	..	6	1	1	2	..	10
Premature birth	26	1	..	..	27	..	1	..	..	28
Atrophy, Debility and Marasmus	2	..	..	..	2	1	..	..	1	4
Injury at birth	4	..	1	..	5	..	..	..	..	5
Atelectasis	8	..	..	..	8	..	1	..	..	9
Erysipelas .. ..	..	..	..	..	..	..	..	..	..	..
Syphilis .. ..	..	..	..	..	..	..	..	..	..	..
Rickets .. ..	..	..	..	..	..	..	..	..	..	..
Meningitis (<i>not Tuberculous</i>) .. ..	..	..	..	..	..	..	1	1	..	2
Convulsions .. ..	..	..	..	..	..	..	..	..	..	..
Gastritis .. ..	..	..	..	..	..	..	..	..	..	..
Laryngitis .. ..	..	..	..	..	..	..	..	..	..	..
Bronchitis .. ..	..	..	..	..	..	2	..	..	..	2
Pneumonia (all forms)	2	2	..	..	4	5	6	3	..	18
Suffocation, overlying .. ..	..	..	..	..	..	..	..	..	..	..
Other Causes	2	..	..	..	2	..	2	2	1	7
Totals	49	5	1	..	55	10	13	10	3	91

Nett Births in the period ...	{	Legitimate	1379
		Illegitimate	62
Nett Deaths in the period of	{	Legitimate Infants	84
		Illegitimate Infants	7

TABLE V.

Causes of, and Ages at, Death during the Year 1936.

Causes of Death	All Ages.		Net Deaths at the Subjoined Ages of "Residents" whether occurring within or without the District.																								Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District.															
			Under one year.		One and under two years.		Two and under three years.		Three and under four years.		Four and under five years.		Five and under fifteen years.		Fifteen and under twenty-five years.		Twenty-five and under forty-five years.		Forty-five and under sixty-five years.		Sixty-five and under seventy-five years.		Seventy-five years and upwards.		Royal Infirmary.		Green Lea Annexe.		Nursing Homes.		Municipal Maternity Home.		Bradley Wood Sanatorium.		Infectious Diseases Hospital.		St. Luke's Hospital.		Total.			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F				
1 Typhoid and Para-typhoid Fevers	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
2 Measles	3	4	1	1	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
3 Scarlet Fever	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
4 Whooping Cough	2	6	...	2	1	1	1	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
5 Diphtheria	8	13	...	...	1	1	...	...	2	1	1	...	4	11	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
6 Influenza	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
7 Encephalitis Lethargica	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
8 Cerebro-Spinal Fever...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
9 Tuberculosis of Respiratory System	35	19	...	...	...	...	...	...	...	...	...	...	...	...	6	9	10	5	16	4	2	1	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
10 Other Tuberculous Diseases	5	4	...	1	1	...	...	...	...	2	1	...	1	...	...	...	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
11 Syphilis	5	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	1	3	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
12 General Paralysis of the Insane	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tabes Dorsalis	5	2	...	...	...	...	...	...	...	...	...	...	...	...	1	...	...	1	3	1	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...
13 Cancer, Malignant Disease	95	116	...	...	...	...	1	1	...	...	...	...	...	...	...	...	4	7	44	47	38	44	7	17	21	22	...	5	4	4	...	...	...	...	...	...	...	...
14 Diabetes	7	7	...	...	...	...	...	...	...	...	...	...	...	...	...	...	1	...	2	1	3	5	1	1	4	1	...	...	...	...	...	...	...	...	...	...	...	...	...
15 Cerebral Haemorrhage, etc.	41	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
16 Heart Disease	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
17 Aneurysm	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
18 Other Circulatory Diseases	94	97	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
19 Bronchitis	38	58	...	2	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
20 Pneumonia (all forms)	65	40	12	6	1	2	2	...	...	...	...	...	...	...	...	...	10	8	20	11	15	6	2	5	18	11	...	...	1	1	...	...	...	...	...	...	...	...
21 Other Respiratory Diseases	8	8	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
22 Peptic Ulcer	10	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
23 Diarrhoea, etc.	1	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
24 Appendicitis	10	4	...	...	...	...	...	...	...	2	...	...	...	...	...	...	2	2	1	1	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
25 Cirrhosis of Liver	...	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
26 Other diseases of the Liver, etc.	5	12	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
27 Other Digestive Diseases	13	13	2	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
28 Acute and Chronic Nephritis...	33	52	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
29 Puerperal Sepsis	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
30 Other Puerperal Causes	...	6	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
31 Congenital Debility, Premature Birth, Malformations, etc.	25	33	25	33	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
32 Senility	29	65	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
33 Suicide	9	4	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
34 Other Violence	26	15	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
35 Other Defined Causes...	54	66	1	2	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
36 Causes Ill-defined or Unknown	...	3	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	779	872	43	48	6	6	4	6	5	5	4	1	17	19	18	23	56	70	271	217	218	249	137	228	207	143	9	20	20	20	15	14	7	5	26	18	108	97	392	317		

TABLE VI.
CANCER DEATHS.

LOCALISATION OF DISEASE.	All Ages		Under 1		1-2		2-3		3-4		4-5		5-15		15-25		25-45		45-65		65-75		75 and up.	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Cancer of—																								
Buccal cavity and pharynx ...	7	2	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	4	—	2	1	1	—
Digestive organs and peritoneum :																								
(a) Esophagus ...	5	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	4	1	—	—
(b) Stomach and duodenum ...	20	21	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	13	8	5	9	2	—
(c) Rectum ...	9	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	4	4	2	1	2
(d) Liver and biliary passages	5	5	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	4	—	—	—
(e) Pancreas ...	2	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	2	—	1
(f) Peritoneum ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(g) Other digestive organs ...	21	23	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	10	5	9	10	1	8
Respiratory organs ...	10	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	4	1	5	3	—	—
Uterus ...	—	16	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Other female genital organs ...	—	11	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Breast ...	—	18	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Male genito-urinary organs ...	8	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Skin ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	3	10	4	—	1	—
Other or unspecified organs ...	7	4	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	5	—	—	—	1	—
Totals ...	95	116	—	—	—	—	1	1	—	—	—	—	1	—	—	—	4	7	44	47	38	44	7	17
NOTE.																								
Cases in which cancer of the bladder was mentioned ...	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	1	—	1	—

TABLE VII.

Return of Births and Deaths Registered during the fifty-three weeks ended January 2nd, 1937.

TOWNSHIPS	Census Population, 1931.	Estimated Population at the middle of the year 1936	Births Registered dur- ing the 53 weeks ended January 2nd, 1937.	Deaths Registered dur- ing the 53 weeks ended January 2nd, 1937.	AGE MORTALITY.			SEVEN ZYMOTIC DISEASES.							Tuberculosis (all Forms)	Bronchitis, Pneumonia and other Respiratory Diseases	Heart Diseases.	Cancer	All other Diseases.	Rate of Mortality per 1,000.			
					Under 1 year.	Over 1 and Under 5 years.	Persons aged 65 years and upwards.	Small Pox.	Measles	Scarlet Fever.	Diphtheria.	Whooping Cough.	Enteric Fever.	Diarrhoea.						All Causes	Seven Zymotics		
																						During the corre- sponding period year previous (52 weeks)	During the 53 weeks ended Jan. 2nd, 1937.
CENTRAL (includes North Central, South Central, West Central and Paddock)	26,887	27,319	351	395	21	10	178	..	1	1	8	1	..	1	23	55	74	53	178	15.06	14.23	0.48	0.43
DALTON (includes Dalton, Deighton and Bradley, Birkby and Fartown)	21,238	21,579	262	308	18	5	152	..	..	1	7	3	..	..	9	34	60	37	156	14.59	14.05	0.19	0.55
ALMONDBURY (includes Almondbury and Newsome)	15,417	15,665	226	238	14	9	128	..	2	..	2	2	..	..	9	31	37	31	124	13.94	14.96	0.26	0.38
LOCKWOOD (includes Lockwood and Crosland Moor)	17,017	17,291	222	242	13	5	121	..	2	..	1	1	..	..	9	29	42	31	127	13.56	13.78	0.35	0.23
LINDLEY (includes Lindley, Longwood and Marsh)	21,437	21,782	226	296	15	4	179	..	..	..	..	1	..	..	8	43	51	38	155	12.66	13.38	0.32	0.05
MOLDGREEN	11,479	11,664	154	172	10	4	74	..	1	..	3	..	..	..	5	25	31	21	86	13.02	14.52	0.43	0.34
Royal Infirmary	..	..	79	211	26	10	39	..	1	..	1	1	..	..	5	24	13	33	133	..	..	..	..
Green Lea Annexe	..	..	3	17	..	..	11	..	..	..	..	..	..	..	..	..	2	3	12	..	..	..	..
Nursing Homes	..	..	32	27	..	..	15	..	..	..	..	..	..	..	..	..	1	7	17	..	..	..	..
Maternity Home	..	..	480	20	20	..	..	..	..	..	..	..	..	..	..	..	..	..	20	..	..	..	..
Bradley Wood Sanatorium	..	..	..	12	..	..	..	..	..	..	..	..	..	..	12	..	..	..	..	..	..	..	..
Mill Hill Infec. Diseases Hospital	..	..	..	41	1	6	..	..	..	1	18	..	..	..	15	..	..	..	6	..	..	..	..
St. Luke's Hospital	..	..	76	199	3	3	130	..	..	..	..	1	..	..	3	30	29	22	114	..	..	..	..
Storther's Hall Mental Hospital	..	..	..	24	..	..	6	..	..	..	..	..	..	..	2	4	1	1	16	..	..	..	..
Other Births and Deaths of Huddersfield Residents occurring outside the Borough	..	..	16	40	..	3	10	..	1	..	1	..	..	..	2	3	8	5	20	..	..	..	..
Borough	113,475	115,300	1441	1651	91	37	832	..	7	2	21	8	..	1	63	217	295	211	826	..	..	..	..
Rate per 1,000 of Estimated Population	..	..	12.30	14.10	0.78	0.32	7.10	..	0.06	0.02	0.18	0.07	..	0.01	0.54	1.85	2.52	1.80	7.05	13.93	14.10	0.34	0.33

NOTE.—In this Table the Births and Deaths in Institutions, and "Other Births and Deaths of Huddersfield Residents occurring outside the Borough,"

Death-Rate per 1,000 per annum for 1936 and thirty-five previous years.

YEAR.	Estimated Population at the middle of the Year.	From all causes and at all ages.	Children under 1 year.	Children over 1 year and under 5 years.	In persons aged 65 years and upwards.	ZYMOTIC DISEASES.						Seven Zymotic Diseases.	Violence and Accidents.	Respiratory System Diseases.
						Small Pox.	Measles.	Scarlet Fever.	Diphtheria.	Whooping Cough.	Typhoid Fever.	Diarrhoea.		
1901	95,351	16.64	3.02	1.23	4.38	0.00	0.14	0.06	0.06	0.02	0.19	0.94	1.41	4.46
1902	96,573	17.43	3.30	1.78	4.17	0.01	0.59	0.11	0.15	0.47	0.05	0.19	1.58	4.46
1903	97,808	16.25	2.78	1.32	4.29	0.02	0.00	0.15	0.14	0.16	0.08	0.26	0.82	4.41
1904	99,056	16.78	3.08	1.69	4.11	0.01	0.76	0.10	0.14	0.25	0.07	0.50	1.83	4.13
1905	100,317	16.05	2.69	1.29	4.17	0.00	0.05	0.11	0.11	0.17	0.17	0.46	1.07	4.15
1906	101,591	16.18	3.07	1.81	4.21	0.00	0.60	0.07	0.13	0.32	0.09	0.80	2.00	3.84
1907	102,887	15.61	2.07	1.11	4.23	0.00	0.10	0.06	0.08	0.18	0.11	0.49	0.71	3.95
1908	104,178	15.54	2.48	1.55	4.05	0.00	0.62	0.03	0.08	0.13	0.08	0.56	1.50	3.55
1909	105,492	14.64	2.11	1.27	4.12	0.00	0.17	0.09	0.19	0.14	0.10	0.25	0.94	3.47
1910	106,820	14.76	2.02	1.17	3.86	0.00	0.09	0.17	0.14	0.27	0.05	0.28	1.00	3.22
1911	108,144	15.17	2.61	1.20	4.40	0.00	0.16	0.15	0.20	0.10	0.07	1.14	1.83	3.16
1912	109,512	13.81	1.82	0.95	4.07	0.00	0.19	0.20	0.08	0.24	0.02	0.10	0.83	2.98
1913	110,882	14.77	2.02	0.97	4.49	0.00	0.22	0.06	0.05	0.07	0.08	0.33	0.82	3.64
1914	112,265	14.69	2.02	1.19	4.36	0.00	0.44	0.03	0.04	0.19	0.05	0.13	0.87	3.59
1915	112,265	16.35	1.89	0.90	5.27	0.00	0.20	0.00	0.16	0.08	0.01	0.24	0.69	4.78
1916	111,139	15.11	1.78	0.99	4.89	0.00	0.02	0.01	0.14	0.33	0.02	0.10	0.65	3.97
1917	107,969	13.29	1.22	0.81	4.33	0.00	0.27	0.01	0.10	0.01	0.09	0.11	0.59	4.14
1918	105,818	16.70	1.49	1.27	4.64	0.00	0.18	0.01	0.10	0.15	0.03	0.07	0.56	5.22
1919	105,346	15.81	1.34	0.85	4.99	0.00	0.02	0.00	0.07	0.04	0.03	0.04	0.23	4.63
1920	112,301	13.37	1.51	0.62	4.17	0.00	0.05	0.06	0.15	0.05	0.01	0.00	0.34	3.52
1921	116,776	12.72	1.52	0.49	3.14	0.00	0.01	0.01	0.09	0.06	0.03	0.12	0.34	3.16
1922	111,900	13.17	1.22	0.58	4.83	0.00	0.08	0.008	0.08	0.14	0.02	0.03	0.39	2.92
1923	111,600	12.62	1.13	0.23	4.55	0.00	0.03	0.02	0.03	0.05	0.04	0.03	0.23	2.98
1924	111,800	13.97	1.40	0.60	5.15	0.00	0.14	0.008	0.035	0.105	0.04	0.00	0.33	3.65
1925	112,000	13.38	1.00	0.49	5.14	0.00	0.07	0.01	0.03	0.06	0.01	0.00	0.18	2.96
1926	111,900	12.77	0.81	0.57	4.82	0.00	0.11	0.00	0.07	0.05	0.03	0.03	0.29	2.38
1927	112,100	14.92	1.05	0.53	6.19	0.00	0.04	0.02	0.12	0.05	0.04	0.01	0.29	3.49
1928	113,000	13.27	0.91	0.42	5.21	0.00	0.04	0.04	0.06	0.03	0.02	0.01	0.21	2.35
1929	113,100	14.98	1.01	0.42	6.72	0.00	0.06	0.02	0.05	0.08	0.01	0.01	0.23	4.08
1930	113,100	13.29	0.74	0.33	6.13	0.00	0.02	0.02	0.10	0.01	0.01	0.00	0.15	2.58
1931	114,300	13.78	0.75	0.30	6.38	0.00	0.09	0.01	0.04	0.02	0.00	0.01	0.17	2.66
1932	114,000	12.74	0.62	0.22	6.13	0.00	0.01	0.01	0.02	0.04	0.01	0.03	0.11	2.17
1933	114,000	15.06	0.56	0.39	6.82	0.00	0.04	0.10	0.43	0.02	0.01	0.05	0.64	3.14
1934	114,500	13.49	0.74	0.35	6.00	0.00	0.04	0.02	0.38	0.04	0.00	0.02	0.48	2.28
1935	115,000	13.93	0.55	0.27	6.79	0.00	0.00	0.02	0.26	0.00	0.00	0.06	0.34	2.68
1936	115,300	14.10	0.78	0.32	7.10	0.00	0.06	0.02	0.18	0.07	0.00	0.01	0.33	2.45

TABLE IX.

Comparative Statement of Vital Statistics. Year 1936.

	Birth Rate	Death Rate	Local Adjusted Death Rate	Infantile Mortality Rate		Death Rate from Phthisis	Death Rate from other Tub. Diseases	Maternal Mortality Rate (per 1,000 Total Births)		
				Year 1936	Average 5 years 1931/1935			Puerperal Sepsis	Other Causes	TOTAL
England & Wales	14.8	12.1	—	59	62	0.58	0.11	1.34	2.31	3.65
122 Great Towns	14.9	12.3	—	63	—	—	—	—	—	—
Barnsley	17.44	12.27	14.23	61	81	0.57	0.03	—	1.54	1.54
Birkenhead	17.2	12.6	13.7	63	76	0.79	0.08	1.96	2.34	4.30
Blackburn	11.7	14.3	14.7	64.6	64	0.68	0.07	1.40	4.91	6.31
Bolton	12.4	13.7	14.9	58	68	0.56	0.12	0.43	3.93	4.36
Bradford	13.42	15.57	14.93	82	70	0.52	0.14	1.47	3.17	4.64
Burnley	12.22	14.13	15.26	63.56	76.7	0.60	0.11	1.69	4.23	5.92
Bury	13.91	13.56	13.69	56	68	0.48	0.14	1.14	3.43	4.57
Dewsbury	14.8	15.5	—	68.5	73.8	0.45	0.22	1.27	1.27	2.53
Halifax	12.3	15.2	14.9	68	83	0.61	0.15	1.56	5.46	7.02
Huddersfield	12.30	14.10	14.52	63	53	0.46	0.08	1.97	3.94	5.91
Leeds	14.99	13.61	14.56	65	76	0.71	0.13	1.31	1.83	3.13
Manchester	14.71	13.50	15.39	77	77	0.87	0.14	1.69	3.29	4.98
Oldham	12.86	14.94	16.73	70	78	0.44	0.12	1.68	4.48	6.16
Preston	14.43	14.10	15.65	83	81	0.59	0.10	4.01	4.59	8.60
Rochdale	11.75	15.10	15.86	69	78	0.53	0.18	0.88	3.51	4.39
Rotherham	17.0	11.9	13.7	71	69	0.46	0.12	0.76	4.60	5.36
Salford	15.0	14.0	16.5	90	90	1.0	0.14	1.5	3.7	5.2
St. Helens	18.3	12.1	14.9	56.1	90.6	0.67	0.06	2.42	2.42	4.84
Stockport	13.65	13.16	13.82	75.6	69	0.62	0.18	—	3.15	3.15
Warrington	15.8	12.2	14.6	90	79	0.8	0.07	—	5.4	5.4
Wigan	17.06	12.68	15.22	82	93	0.57	0.15	0.65	1.96	2.61

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

Laboratory Facilities.

(1) Wassermann tests in connection with Venereal Diseases work continue to be carried out at the Public Health Laboratory, Manchester.

The number of specimens examined during the past year was 1,322, being an increase of 263 over the previous year, and 487 more than in 1934.

(2) Milk examinations to detect the presence of tubercle bacilli (Inoculation tests) are carried out at the Huddersfield Royal Infirmary.

The total number examined during the past year was 160. Of these 7 were found positive and 153 were found negative.

(3) Other serological and bacteriological examinations are carried out in the Laboratory at the Public Health Department. The scope of this work was increased to some extent during the year. Additional equipment was added which enabled a wider field of bacteriological investigations to be carried out, some biochemical work to be done, and the greater portion of the bacteriological culture media required, to be made within the Department itself.

The work done during the year may be summarised as follows :—

(a) Bacteriological Work.

(1) DIPHTHERIA.

While the number of swabs examined in 1936 was smaller (3,623) than in 1935 (6,722), a considerable amount of work was done in the Laboratory in connection with the bacteriology of this disease as found in Huddersfield. In the latter portion of the year arrangements were made to carry out a typing investigation in every case where a positive swab had been obtained with a view to ascertaining the percentage of each of the three types described by Professor McLeod, of Leeds, as Gravis, Mitis and Intermediate. This was done by using the selective action of a potassium tellurite medium. Altogether 49 strains of *C. Diphtheriæ* were obtained in pure culture, and the actual typing was carried out both by fermentation reactions and serologically.

TYPES OF *C. DIPHTHERIÆ* ISOLATED IN HUDDERSFIELD.

Number of strains examined					...	49
					Number	Percentage
Mitis	...	...	...	...	5	10.2
Intermediate	...	...	...	...	—	—
Gravis	...	...	...	...	44	89.8

In addition to its use for typing purposes this technique was applied to 20 swabs, which gave an indefinite result when examined by the ordinary routine methods, with the following results :—

Swabs examined	...	...	...	...	...	20
<i>C. Diphtheriæ</i>	...	...	...	...	...	6
<i>C. Hoffmani</i>	...	...	...	...	...	5
<i>C. Xerosis</i>	...	...	...	...	...	2
Unidentified Diphtheroids	...	...	...	...	...	7

In the course of the typing investigations some research work was done on the various "tellurite" media used, with the result that a new selective medium for the isolation of the *C. Diphtheriæ* was evolved. This has been found to have several other applications besides its suitability for obtaining pure cultures for typing work. Amongst these is the detection of the organism on swabs where it exists in numbers too small to be found by the usual technique.

(2) ENTERIC FEVER.

Forty-three specimens of Fæces and 16 specimens of urine were examined for the organisms causing this group of diseases. In addition, 17 blood agglutination tests were made. Wilson and Blair's method of examination was used, and in every case where an organism was isolated its identity was proved by fermentation, by its biochemical characteristics and serologically.

(3) TUBERCULOSIS.

Seven hundred and twenty-six specimens of sputa were examined for tubercle bacilli during 1936, and the organisms were found in 81 of these.

(4) MENINGITIS.

Cerebro-spinal fluids were examined on 6 occasions during the year for Meningococci and other organisms causing this disease. All were negative.

(5) SCARLET FEVER.

The β -hæmolytic streptococcus, the causative organism of Scarlet Fever, was found in 2 out of 6 swabs submitted for examination.

(6) GONORRHOEA.

Thirty-two specimens were submitted for examination for this gonococcus. It was found in 10 of these.

(7) OTHER SPECIMENS.

In addition to the above, 8 specimens of hair were examined for the presence of Ringworm. Other specimens examined bacteriologically in the Laboratory comprised 28 specimens of urine, 8 specimens of pleural fluids, 23 specimens of pus, 5 eye swabs, and 5 other examinations.

(8) MILK.

Bacteriological plate counts were carried out and the coliform organism test applied to 445 specimens of milk.

(b) Bio-Chemical Work.

Arrangements were made during the year for a certain amount of the bio-chemical work required for the municipal hospitals to be carried out in the Public Health Laboratory. The following estimations were carried out :—

Blood Urea	...	...	...	...	...	15
Non-Protein Nitrogen in Blood	...	...	...	...	...	7
Blood Sugar	...	...	...	...	...	4
Urea Concentration in Urine	...	...	...	...	...	3
Cerebro-Spinal Fluid (Sugar Chlorides)	...	...	...	...	...	2

The work of the Laboratory is set out below in tabular form :—

Material examined.	Organism or disease suspected.	Number of specimens examined.	Positive.	Negative.
Sputa	Tubercle Bacilli	726	81	645
Swabs from Nose, Throat, or Ears	Diphtheria ...	3,623	581	3,042
Blood	Typhoid or Para- Typhoid Fever	17	4	13
Cerebro-Spinal Fluid	Meningococci ...	6	—	6
Smears and Swabs from urethra or vagina	Gonococci ...	32	10	22
Fæces	Typhoid or Para- Typhoid Fever	43	23	20
Urine	— ...	16	6	10
Swabs	Hæmolytic ... Streptococci	6	2	4
Hair	Tinea	8	2	6
Milk	Bacteria Count ...	445	—	—
Urines—submitted to pathological and bacterio- logical examination other than for Typhoid				28
Pleural Fluid				8
Pus				23
Various				10

Ambulance Facilities.

For surgical, medical, or maternity cases, 4 private ambulances are available and can be hired by anyone requiring their services. In addition the Corporation maintains 7 ambulances. Three of these are in the care of the Police, 2 being used for accident cases and the third reserved for mortuary cases only. For dealing with infectious cases 3 ambulances are maintained by the Public Health Committee, whilst the seventh ambulance, which is maintained by the Public Assistance Committee, is reserved for non-infectious cases.

The number of ambulances given above is 2 more than in the previous year's Report, the increase being in the number of private ambulances now available.

It is considered that the number of ambulances available is adequate for the needs of the area.

Nursing in the Home.

There is no change to report in regard to this provision. The following statement showing the number of nurses and by whom they are employed is exactly the same as that recorded last year.

Employed by Maternity and Child Welfare Committee for the nursing of sick babies in their own homes	...	2
--	-----	---

Employed by the Queen Victoria Nurses' Association—

For midwifery	...	1 Superintendent.
		4 Midwives.
		6 Pupils.
For general nursing	...	1 Superintendent.
		1 Assistant Superintendent.
		15 Nurses.

Clinics and Treatment Centres.

Name.	Situation.	Provided by.	Day and Time.
Antenatal Clinic	Public Health Department	Huddersfield Corporation	Monday to Friday, 1-30 p.m. to 3 p.m.
Child Welfare Clinic (Infants and Children, 1-5 years)	do.	do.	Monday to Friday, 3 p.m. to 5-30 p.m.
Dental Clinic (for expectant and nursing mothers)	do.	do.	3 afternoons per week, 4-30 p.m. to 5-30 p.m. (as required)
Voluntary Centre (Child Welfare)	Longwood	Voluntary Committee	Tuesday, 3 p.m. to 4 p.m. Fortnightly.
Voluntary Centre (Child Welfare)	Outlane	do.	Friday, 2-30 p.m. to 3-30 p.m. Fortnightly
School Clinic	Public Health Department	Huddersfield Corporation (Education Committee)	Daily, 9 a.m. to 12 noon.
Dental Clinic (for School Children)	do.	do.	Daily (except Saturday afternoons) 9 a.m. to 12 noon, 1-30 p.m. to 5-30 p.m.
Artificial Light Clinic	do.	Huddersfield Corporation	For School Children, Monday, Tuesday, Thursday, Friday, 1-30 p.m. to 5-30 p.m. Tuesday & Friday, 11 a.m. to 12 noon (boys only). For children under 5 years, Wednesday, 1-30 p.m. to 5-30 p.m. For Tuberculosis patients, mornings from 9 a.m. onwards (as required)
Ophthalmic Clinic	do.	Huddersfield Corporation (Education Committee)	Tuesday, Thursday and Saturday, 9 a.m. to 12 noon
Orthopædic Clinic	do.	Huddersfield Corporation (Education, and Maternity and Child Welfare Committees)	Once fortnightly. Wednesday, 10-0 a.m. to 12 noon.
Immunisation Clinic (against Diphtheria)	do.	do.	Tuesday & Thursday, 4 p.m. to 5 p.m.

Name.	Situation.	Provided by.	Day and Time.
Tuberculosis Clinic	Public Health Department	Huddersfield Corporation	Gold Therapy and Contacts, Monday, 2-30 p.m. onwards. Adult Males, Tuesday, 6 p.m. to 8 p.m. Adult Females, Thursday, 6 p.m. to 8 p.m. Children, Thursday, 2-30 p.m. to 4-30 p.m.
Venereal Diseases Clinic	York Place, New North Road. Adjacent to Huddersfield Royal Infirmary	do.	Men, Daily, 11 a.m. to 1 p.m. and 6 p.m. to 8-30 p.m., except Sunday, when hours are 10 a.m. to 12 noon. Women, Daily, 10 a.m. to 12 noon & 6 p.m. to 8-30 p.m.
Mental Clinic	Huddersfield Royal Infirmary	Huddersfield Infirmary Governors & West Riding Mental Hospitals Board	Wednesday, 3 p.m.
Special Ante-natal Clinic	do.	Infirmary Governors	Friday, 11-45 a.m.

Hospitals (Public and Voluntary).

(1) Huddersfield Royal Infirmary.

The number of beds now available at this institution and their classification are as follows :—

			ROYAL INFIRMARY		GREEN LEA	
			Male	Female	Male	Female
Surgical Beds	...	...	70	38	—	—
Medical Beds	...	...	20	21	—	—
Eye Beds	...	...	9	9	—	—
Ear, Nose, and Throat Beds			9	9	—	—
Children's Beds	...	...		40	—	—
Maternity Beds	...	...	—	15	—	—
Isolation Maternity Beds			—	—	—	8
Open Air Beds (Surgical)			—	30	—	—
Casualty—						
Tonsils and Adenoids				18	—	—
Accident	...	...		2	—	—
V.D.	...	...		2	—	—
Rothwell Ward (emergency use or ? infections)	...			2	—	—
Private Patients' Department (separate rooms)			—	—		19
			108	64	122	—
					19	8
			Total		...	321

It has been realised for some time past that the accommodation available for dealing with ante-natal cases, abortion cases, and cases of difficult labour has not been altogether satisfactory, and an extension, to provide better accommodation for these services, has recently been approved. The new unit will contain 25 beds, divided as follows :—

1	Ward	containing	6	beds	for ante-natal cases.
1	„	„	6	„	clean difficult labour cases.
1	„	„	3	„	„ operative cases.
1	„	„	4	„	potential septic cases.
1	„	„	4	„	cases of abortion.
1	Single Bedded Ward	for eclamptics.			
1	„	„	„	(available for any purpose).	

(2) St. Luke's Hospital.

In the Report for 1935 reference was made to the decision of the Committees concerned and of the Council to erect a new Municipal Hospital, and to remove thereto all the sick now dealt with at St. Luke's—the transferred Poor Law Institution. It was hoped then that before a year had passed the new building would be in course of erection. In a matter of this kind, however, where so many bodies are concerned and where every alteration made to meet the suggestions of the various critics means the preparation of new plans, the wheels of progress seem to pass along very slowly. At the time of writing, however, the plans for the new Hospital have been finally approved by the Ministry of Health, and there is every prospect of building operations being commenced during the present year.

A decision was made during the year not to provide accommodation for normal maternity cases at the new hospital, but to concentrate all of this type of work in the Municipal Maternity Home.

The plans of the new Hospital as at present approved provide the following accommodation :—

Administrative Block.

X-ray, Ultra-Violet Ray Treatment, and Dispensary Block.

Kitchen and Dining Block.

Adult Ward Block, 136 beds.

Children's Block, 30 beds.

Nurses' Home.

Ambulance, Boiler House, and Mortuary Block.

The following tabular statement shows the accommodation provided at present at St. Luke's Hospital for medical, maternity, and mental patients, and the number of beds occupied on December 31st, 1936 :—

TABLE X.
St. Luke's Hospital.

Classification of Wards (1)	Num- ber of Wards (2)	BEDS							
		MEN		WOMEN		CHILDREN (under 16 years of age)		Total	
		Pro- vided (3)	Occu- pied (4)	Pro- vided (5)	Occu- pied (6)	Pro- vided (7)	Occu- pied (8)	Pro- vided (9)	Occu- pied (10)
1. Medical	14	78	64	116	96	—	2	194	162
2. Surgical									
3. Chronic sick									
4. Children	2	—	—	—	—	28	20	28	20
5. Venereal	—	—	—	—	—	—	—	—	—
6. Tuberculosis	—	—	—	—	—	—	—	—	—
7. Isolation	2	—	—	—	—	2	—	2	—
8. Maternity	2	—	—	8	5	—	—	8	5
9. Mental (observation)	2	4	—	—	—	—	—	4	—
Total	22	82	64	124	101	30	22	236	187

1. Total number of admissions (including infants born in hospital) 1,087
2. Number of women confined in hospital 105
3. Number of live births 104
4. Number of still births 2
5. Number of deaths among the newly-born (i.e. under four weeks of age) 1
6. Total number of deaths among children under one year (including those given under 5) 5
7. Number of maternal deaths among women admitted to hospital for confinement 1
8. Total number of deaths 204
9. Total number of discharges (including infants born in hospital) 840
10. Duration of stay of patients included in 8 and 9 above. Give number of cases whose total stay was for the following periods :—
 - (a) Under four weeks 279
 - (b) Four weeks and under thirteen weeks 540
 - (c) Thirteen weeks or more 225
11. Number of beds occupied (excluding cots in maternity wards) :—
 - (a) Average during the year 187
 - (b) Highest, on 27/4/36 214
 - (c) Lowest, on 24/8/36 145
12. Number of surgical operations under general anæsthetic (excluding dental operations) Nil
13. Number of abdominal sections Nil

Classification of in-patients who were discharged from or who died
in the Institution during the year ended 31st December, 1936—

DISEASE GROUPS	Children (under 16 years of age)		Men and Women	
	Dis- charged	Died	Dis- charged	Died
Acute infectious disease	19	—	5	6
Influenza	20	4	9	25
Tuberculosis—				
Pulmonary	—	1	13	7
Non-pulmonary	1	—	6	—
Malignant disease	—	—	3	25
Rheumatism—				
(1) Acute rheumatism (rheumatic fever) together with sub-acute rheumatism and chorea	1	—	5	—
(2) Non-articular manifestations of so-called “rheumatism” (mus- cular rheumatism, fibrositis, lum- bago, and sciatica)	—	—	12	—
(3) Chronic arthritis	—	—	8	2
Venereal disease	—	—	5	1
Puerperal pyrexia	—	—	—	—
Puerperal fever—				
(a) Women confined in the hospital	—	—	—	—
(b) Other cases	—	—	—	—
Other diseases and accidents connected with pregnancy and childbirth	—	2	8	—
Mental diseases—				
(a) Senile dementia	—	—	—	—
(b) Other	1	—	67	—
Senile decay	—	—	42	35
Accidental injury and violence ...	5	—	36	—
In respect of cases not included above :				
Disease of the Nervous System and Sense Organs	22	—	26	1
Disease of the Respiratory System ...	24	—	82	30
,, ,, Circulatory System ...	3	—	63	60
,, ,, Digestive System ...	10	—	27	1
,, ,, Genito-urinary System	—	—	3	1
,, ,, Skin	14	—	20	—
Other diseases	39	1	44	2
Mothers and infants discharged from Maternity Wards and not included in above figures—				
Mothers	—	—	99	—
Infants	98	—	—	—
Any persons not falling under any of the above headings... ..	—	—	—	—
Totals	257	8	583	196

(3) Mill Hill Isolation Hospital.

The prevalence of Scarlet Fever and of Diphtheria declined still further during the year, and there was always a good reserve of accommodation available for the treatment of infectious cases at the Isolation Hospital. The maximum number of patients under treatment was on January 2nd, when 92 patients were in residence. The daily average number for the entire year was 65, compared with 85 in 1935, and 120 in 1934. From the beginning of January onwards the number of patients under treatment steadily declined, and by September 15th, when the minimum number under treatment was reached, there were only 42 patients in residence. Cases of advanced Tuberculosis treated at the Hospital are included in the above figures ; one of the large wards containing 34 beds is reserved for their use.

It is fortunate that the number of patients dealt with has remained so low whilst the work of extension has been in progress, for the building operations at the existing nurses' home particularly have, of necessity, caused a good deal of disturbance. In the kitchen, for example, one of the walls had to be taken down completely and some of the nurses' bedrooms had to be vacated to permit the required alterations to be carried out. Fortunately it has been possible to use some of the smaller wards as sleeping quarters for the staff. The building of the two new blocks and the extensions at the nurses' home are now well advanced and should be completed before the close of the present year. These alterations will add greatly to the accommodation and the amenities of the hospital. The extension at the nurses' home will provide vastly improved accommodation for the staff, whilst the new blocks, composed chiefly of cubicles and containing altogether 56 beds, will add not only to the accommodation available but provide quarters much more suitable than those which existed previously for the isolation and segregation of cases.

Table XX. gives a summary of the cases dealt with in the Isolation Hospital during the year. It shows that the admissions for the year numbered 496. In the previous year there were 800 admissions.

Of the cases treated, the following figures give details of their stay in hospital, grouped according to the diseases for which they were admitted. Figures for recoveries and deaths are given separately.

Disease.	Average number of days' stay in Hospital.	
	Recoveries.	Deaths.
Scarlet Fever	34.2	5.0
Diphtheria	45.1	11.7
Diphtheria Carriers	27.3	0.0
Enteric Fever	63.5	0.0
Cerebro-Spinal Meningitis	0.0	24.5
Erysipelas	23.5	2.3
Tonsillitis	21.0	0.0
Mumps	12.0	0.0
Observation Diphtheria	26.5	0.0
Observation Enteric Fever	33.0	0.0
Other Observation Cases	17.4	0.0
Measles	28.3	3.0
Chicken Pox	23.0	0.0
Meningitis	0.0	34.0

(4) **Bradley Wood Sanatorium.**

It was mentioned in the previous year's Report that the Health Committee had decided to extend the institution, also to provide better accommodation for both patients and staff, and to improve the facilities available for recreation and entertainment. The plans for this extension, which includes a new block for female patients, a recreation room, a Medical Officer's residence, and a much needed enlargement of the nurses' quarters, were approved several months ago both by the Council and by the Ministry of Health. The cause for the delay in this case has been the difficulty experienced in getting possession of the land necessary for this extension. The difference between the price asked for by the vendors and the valuation as determined by the District Valuer has been so great that the matter has had to be referred to an arbitrator appointed in accordance with the provisions of a Compulsory Purchase Order.

Figures showing the numbers of patients dealt with in the Sanatorium during the year are given in Table XXXIII.

(5) **Municipal Maternity Home.**

In spite of the falling birth-rate applications for admission to the Municipal Maternity Home continue to increase. The following figures show the number of patients admitted since its opening in 1928 :—

Year	No. of Patients	Year	No. of Patients
1928 (6 months) ...	125	1933 ...	530
1929	340	1934 ...	596
1930	368	1935 ...	687
1931	383	1936 ...	783
1932	431		

During the past year a considerable number of patients were refused admission, as a limit had to be fixed to the number of bookings accepted in order to prevent overcrowding and its attendant risks. With the demand for admission increasing the number of refusals has also steadily increased, and for the past few months all the accommodation available has been fully booked four months in advance.

A few years ago it was only in very exceptional circumstances that a woman would consider leaving her own home for confinement, but now the exception has become the rule, and the merits of a modern, well equipped, Maternity Home are becoming more fully and more widely appreciated. This change in public opinion is decried by some, but one feels that it should be given every encouragement in the interests both of the mother and the child. Only at very great expense can the conditions prevailing in a private house be brought into line with those found in a Home specially equipped for maternity work, whilst subsequent to confinement the rest and advice which are obtainable in such a Home are invaluable.

With the demand for institutional treatment increasing to such an extent the Maternity and Child Welfare Committee were forced to consider the position, and they have decided to make a further addition to the Maternity Home. At the same time that this matter was under consideration, the Health Committee were

concerned with the preparation of plans for the new Municipal Hospital, and the architect had prepared plans for a maternity block at that Hospital to deal with the maternity cases now admitted to St. Luke's Hospital. It was realised by both Committees that to have two units staffed and equipped for exactly the same kind of work would be wasteful and also unsatisfactory, for comparisons and distinctions which might be hurtful to both institutions would inevitably arise. The Committees therefore unanimously decided that the extension proposed at the Maternity Home should be made sufficiently large to not only meet the increased demand, but also to accommodate those mothers who, in the ordinary course of events, would have been admitted to St. Luke's Hospital.

Plans for this new extension have been prepared. They make provision for 25 additional beds and show also an observation unit, which is lacking at present. At the time of writing the plans for this building and for the addition to the nurses' quarters, rendered necessary by the extension, have been approved by the Council and have been forwarded to the Ministry of Health for approval.

Poor Law Medical Relief.

The arrangements in operation for the provision of medical assistance to those in poor circumstances remain unchanged. The Borough is divided for this service into eight areas ; the names of the Medical Officers in charge of the areas, and a summary of the attendances made, are shown below :—

Poor Law Medical Out Relief during the Year 1936.

Area No.	NAME.	Population.	MEDICAL OFFICER.	WORK DONE.					
				H. Attendances at Patients' own Houses.	S. Attendances at Surgery or M.O.'s House.	M. Medicine supplied without seeing patient.	H.M. Attendances at Patients' Houses and medicine supplied.	S.M. Attendances at Surgery and medicine.	Total.
1	Lindley	7,565	{ Dr. C. Sheehy ... (Dr. R. C. McIntosh from 1/12/36	22	—	24	—	—	46
2	Paddock and Longwood	14,891	Dr. R. C. McIntosh	166	8	210	86	141	611
3	Marsh, W. Central, S. Central & N. Central	25,868	Dr. J. J. Hanratty	706	137	317	193	601	1,951
4	Birkby and Fartown	14,994	Dr. J. McCurdy ...	78	10	26	35	107	256
5	Dalton, Bradley, Deighton and Moldgreen	17,723	Dr. S. Prior ...	260	319	—	—	—	579
6	Almondbury	8,435	Dr. R. J. Ogden ...	755	235	—	—	—	990
7	Newsome	6,982	Dr. S. H. Waddy ...	216	17	149	81	81	544
8	Lockwood and Crosland Moor	17,017	Do.	217	23	218	84	117	659
				2,420	749	944	479	1047	5,639

Institutional Provision for the Care of Mental Defectives.

No change has occurred during the year in the amount of accommodation available at St. Catherine's Institution, Doncaster, which remains at 300 beds. Building operations in connection with the extension referred to in the previous year's Report are in progress at the present time, but it is not anticipated that the new quarters will be ready for occupation till May or June of next year. In the meantime the accommodation available, so far as this Authority is concerned, is fully occupied, and there is a fairly large list for whom institutional accommodation has been recommended.

The following tabular statement shows the number of beds allocated to Huddersfield and the position as it relates to this Authority at the present time. It will be seen that defectives from this area occupy actually more than our quota of accommodation. For this we are indebted to the Halifax and Wakefield Authorities, who allowed us to use some of their beds in the high grade male block for the reception of urgent cases.

	MALE BEDS			FEMALE BEDS		
	High Grade	Low Grade	High Grade (Boys under 16)	High Grade	Low Grade	Total
Total Accommodation	120	20	20	120	20	300
Allocated to Huddersfield Authority	25	4	4	27	4	64
Occupied by Huddersfield patients	31 (Including 2 on Licence Leave) (3 beds loaned by Halifax 2 loaned by Wakefield)	4	3 (1 loaned to Wakefield)	26	4	68 (Including 2 on Licence Leave)
Number of Huddersfield patients for whom admission is recommended	7	6	7	15	8	43

The following list shows the number of mental defectives dealt with, or liable to be dealt with, by the Mental Deficiency Committee:—

	Males.	Females.	Total.
At St. Catherine's Institution ...	36	30	66
On licence from St. Catherine's Inst.	2	1	3
At Royal Albert Institution, Lancaster	1	—	1
At Rampton State Institution ...	4	1	5
At St. Joseph's Certified Home, Sheffield	—	1	1
At Bentry Colony, Bristol ...	2	—	2
At St. Luke's Hospital, Huddersfield	10	16	26
At Storthes Hall Mental Hospital ...	5	7	12
At St. Mary's Hospital, Deanhouse ...	—	1	1
At Children's Homes, Scholes ...	1	—	1
At Mill Hill Hospital ...	—	1	1
Under Guardianship at Leeds ...	1	—	1
At Home ...	35	29	64
Total ...	97	87	184

Cases transferred under West Riding Review Order, 1937 :—

At County Public Assistance Institution, Settle	...	...	...	1	—	1
At Rawcliffe Hall, nr. Goole	...	...	...	—	2	2
At Home	...	...	...	2	1	3
Total				3	3	6
Grand Total				100	90	190

MATERNITY AND CHILD WELFARE WORK.

Maternal Welfare.

(a) Ante-natal Care.

During the past year 1,793 births were notified in the County Borough. Of these 1,470 had been ante-natally notified, giving a percentage of 82. Every year since the year 1930 has recorded a higher percentage of notifications than the preceding year, last year's figure being 2.7 per cent higher than that of 1935. The following figures demonstrate the excellent progress which has been made since 1916, when the scheme for the notification of pregnancy was inaugurated and made applicable within the Borough :—

Year	Percentage	Year	Percentage
1916	11.2	1927	34.6
1917	24.1	1928	35.0
1918	34.6	1929	48.7
1919	34.1	1930	45.8
1920	37.5	1931	50.7
1921	38.3	1932	62.6
1922	31.1	1933	69.8
1923	33.5	1934	77.1
1924	34.2	1935	79.3
1925	36.3	1936	82.0
1926	40.5		

The majority of notifications are received from midwives, but a few are received from private medical practitioners, who promise that they themselves will undertake the necessary medical ante-natal care. In the majority of cases, however, the patients notified are supervised by the Assistant Medical Officers of Health. Under the scheme in operation examinations in this connection are carried out either in the patients' own homes or at the Central Clinic, according to the patients' wishes.

The following visits and consultations were made by the Assistant Medical Officers of Health during the year :—

Visits paid to homes.

First visits	...	...	...	865
Re-visits	...	...	...	4200
TOTAL...				5065

Consultations at the Clinic.

First interviews	...	...	...	873
Further interviews	...	...	...	2415
TOTAL...				3288

As a result of these examinations the following cases were reported for medical attention :—

REFERRED TO MEDICAL PRACTITIONERS—

Toxæmias of pregnancy	...	...	...	40
Albuminuria and/or high blood pressure	...			32
Contracted pelvis and disproportion	...			10
Malpresentation	...	...	...	10
Pyelitis	...	...	...	7
Ante-partum hæmorrhage	...	...	...	6
Threatened abortion	...	...	...	2
Hydramnios	...	...	...	2
Post-maturity	...	...	...	2
Anæmia	...	...	...	2
Other conditions	...	...	...	11
TOTAL				124

REFERRED TO THE OBSTETRIC SURGEONS AT THE HUDDERSFIELD ROYAL INFIRMARY—

Disproportion and contracted pelvis	...			16
Toxæmias of pregnancy	...	...	...	5
Malpresentation	...	...	...	5
Ante-partum hæmorrhage	...	...	...	2
Multiple pregnancy	...	...	...	2
High blood pressure and albuminuria	...			2
Other conditions	...	...	...	6
TOTAL				38

(b) Assistance at Confinement.

(1) Maternity Outfits.

These are provided in cases of poverty or emergency, and are obtainable at any time of the day or night from the Municipal Maternity Home, at the request of a doctor or a midwife. The various articles contained in each outfit are sterile when issued, and once issued are not reclaimed. The provision of these outfits is a comparatively recent service, and as it becomes more widely known so the demand increases. In the year 1934 only 21 outfits were issued. In 1935 there was an increase of 30, bringing the total to 51, and last year there was a further increase of 42, bringing the total number issued up to 93.

(2) Maternity Beds.

The number of beds available for maternity cases in the Borough and the use made of them during the year are shown below :—

Institution.	No. of Beds provided.	No. of Cases delivered.	No. of Births (including Still births) notified.
Municipal Maternity Home	32	783	791
St. Luke's Hospital	8	105	106
Green Lea Hospital	8	6	6
Armitage Road Nursing Home	2	16	17
Trinity Street Nursing Home	2	7	7
Bradley Lane Nursing Home	4	29	29
Royal Infirmary	15	144	146
TOTAL NUMBER	71	1090	1102

The Trinity Street, Bradley Lane, and Armitage Road Nursing Homes are private institutions which take maternity patients in addition to medical and surgical cases. The above figures show that 1,090 patients were delivered in institutions in the Borough and that the actual number of births notified from these institutions was 1,102. The difference between these figures can be accounted for by multiple births, by notifications not received by the Medical Officer of Health until after the end of the year in which confinement took place, and by it not being compulsory to notify still-births.

Of the 1,793 births and 93 still births notified during the year, the above figures show that 1,102, or 58 per cent., took place in institutions, and of these 791, or 42 per cent., took place in the Municipal Maternity Home.

(3) Medical Assistance.

In case of any emergency arising during pregnancy, or confinement, a midwife may call a medical practitioner to her assistance, and, in accordance with Section 14 of the Midwives Act, 1918, the Local Supervising Authority is required to pay the practitioner called upon for his services. A scale of payment, fixed by the Ministry of Health, applies in these cases. It is subject to certain limitations which are defined, and the amount paid may be reclaimed from the patient.

During the past year 200 such "Calls for Help" were issued, and accounts for 159 have been passed for payment. The amount involved was £236 13s. 0d.

The conditions for which medical assistance was summoned were as follows :—

Lacerated perineum	...	...	...	78
Prolonged labour and inertia	...	...	...	20
Malpresentation	...	...	...	13
Unsatisfactory condition of child	...	...	...	11
Albuminuria	...	...	...	11
Rise of temperature	...	...	...	10
Post-partum hæmorrhage	...	...	...	9
Retained placenta or membranes	...	...	...	8
Prematurity	...	...	...	7
Unsatisfactory condition of mother	...	...	...	7
Discharging eyes	...	...	...	6
Ante-partum hæmorrhage	...	...	...	4
Still birth	...	...	...	2
Miscarriage	...	...	...	1
Other conditions	...	...	...	13
TOTAL				200

(4) Consultant Services.

Any medical practitioner when attending a confinement within the Borough, either in the Municipal Maternity Home, or in the patient's own home, can, if he thinks that additional medical help is advisable, obtain the assistance of a Consultant Obstetrician, whose fee is guaranteed by the Local Authority.

The number of these consultations asked for during the year was 27.

(c) Post-natal Care.**(1) Examinations.**

It has been stated by an eminent gynæcologist that for every death which takes place as a result of child birth approximately twenty women are to some extent crippled—some severely, others very slightly, but all to such a degree that they experience some discomfort or disability for the rest of their lives. In many cases the cause of this crippling can be discovered and rectified by suitable treatment if the patient submits to medical examination shortly after confinement. It is remarkable, nevertheless, how few mothers can be made to appreciate the importance of this early examination. Where private practitioners undertake to give ante-natal care, or are summoned to assist at confinement, it is assumed that they will be responsible for whatever post-natal medical care is necessary. Approximately one-half of the confinements, however, which take place locally, are attended by midwives only, and in every one of these cases the Assistant Medical Officers of Health, when visiting the homes to make enquiries regarding the babies, offer to the mothers any assistance they can render. They point out in every case the value of a medical examination and offer to carry out this examination if acceptable. During the past year the total number of mothers who accepted was 250, and the number of examinations carried out was 356. Of those examined, 31, or 12 per cent., were found in need of medical treatment.

Particulars of these were as follows :—

REFERRED TO MEDICAL PRACTITIONERS—

Subinvolution	9
Retroversion	4
Anæmia	4
Mastitis	3
Leucorrhœa	2
Acute depression	1
Hæmorrhoids	1
Left inguinal hernia	1
Fibrosis of cervix	1
Ovaritis	1
TOTAL	27

REFERRED TO THE OBSTETRIC SURGEONS AT THE HUDDERSFIELD ROYAL INFIRMARY—

Fractured coccyx	1
Prolapse	1
Prolapsed ovaries and retroversion	1
Retroverted uterus	1
TOTAL	4

(2) Home Helps and Daily Assistants.

Three Home Helps and five Daily Assistants were employed regularly during the year, their duty being to assist with, or to take full charge of, the housework in maternity cases. This service is one which is greatly appreciated and is undoubtedly a great boon to those mothers who, at this time, are physically unable to undertake the full responsibilities of running a home.

The following is a statistical record of the work carried out during the year :—

		By Home Helps	By Daily Assistants
No. of new homes visited	...	101	236
Total No. of homes visited	...	149	459

(3) Provision of Milk.

In necessitous cases, milk is provided by the Maternity and Child Welfare Committee for expectant mothers, nursing mothers, and for infants who are artificially fed. As in previous years the supply was limited to dried milk only. The quantity issued was 11,872 lbs., being 672 lbs. more than in the previous year, and the expenditure on this at £324 17s. 0d. was £118 17s. 0d. more.

In addition to dried milk a supply of cod liver oil, either in the form of emulsion or of pure cod liver oil, is available for distribution on the recommendation of the Assistant Medical Officers. The amount distributed has increased in recent years, but is still not excessive, considering the value of this material to young children. Last year's supply was 3,288 bottles at a cost of £82 4s. 0d.

The slight increase shown above in the amount of milk distributed was not accounted for by any variation in the conditions of employment prevailing in the district, for in this respect there was undoubtedly an improvement; it was due to the slightly more generous scale for dealing with applicants which was adopted by the Maternity and Child Welfare Committee and put into operation during the year. The increased supply accounted, however, for only a very small part of the increased expenditure. This was due, mainly, to the higher prices paid for milk, which in the previous year was obtainable at less than 5d. per lb. Even at last year's prices the cost works out, on an average, at approximately 7d. per lb.

MATERNAL MORTALITY.

There were 9 maternal deaths during 1936, giving a maternal mortality rate of 5.9 per 1,000 births registered, counting both live and still births. If reckoned upon the number of births **notified** the rate would be 6.4, or if calculated according to the number of **live births registered** the rate would be 6.3.

The following figures give a comparison between the local mortality figure and that of England and Wales :—

		Puerperal Sepsis.	Others.	Total.
The maternal mortality rates for England and Wales are as follows :	per 1,000 Live Births	1.4	2.4	3.8
	per 1,000 Total Births	1.3	2.3	3.6
The maternal mortality rates for Huddersfield are as follows :	per 1,000 Live Births	2.1	4.2	6.3
	per 1,000 Total Births	2.0	3.9	5.9

Causes of Death.

The following is a brief synopsis of the history recorded in the detailed reports submitted to the Ministry of Health regarding each of the above deaths :—

- (1) Patient lived in a caravan. Pregnancy notified by midwife under local scheme. Patient visited in her own home by the Assistant Medical Officer of Health, but all assistance offered was refused. Patient observed to have œdema of feet, and kidney trouble suspected, but absolutely refused to consult own doctor, to be examined by Assistant Medical Officer of Health, or even to send a specimen for examination. Patient and midwife both warned of the risk. In an effort to overcome this obstinacy an Assistant Medical Officer of Health visited the home on ten occasions.

Immediately labour began, eclampsia supervened, and patient died undelivered before she could be transferred to hospital.

Cause of death—Eclampsia associated with ante-partum hæmorrhage.

- (2) Pregnancy notified and supervised by Medical Officer of Health's staff. During course of pregnancy patient developed albuminuria with increased blood pressure. Referred to own doctor for treatment. Treated by him at home for six days, but little response to treatment. Eventually developed eclampsia, was transferred to hospital, and died undelivered a few hours after admission.

Cause of death—Eclampsia.

- (3) Patient in this case was only three months pregnant when abortion occurred. Cause of this unknown, but the onset of septicæmia subsequently is suggestive.

Cause of death—Septicæmia, following abortion.

- (4) Pregnancy notified and patient supervised by Medical Officer of Health's staff. No abnormality. Midwife reported no difficulty at confinement, and that condition during puerperium was normal throughout. Patient up on thirteenth day and visited local fair on that day. Illness resembling a chill developed on following day. Later signs of peritonitis appeared. Patient died in hospital two months after confinement.

Cause of death—Streptococcal peritonitis and septic metritis.

- (5) Had ante-natal care from own doctor. Treated for anæmia, but no signs of kidney trouble throughout. Last seen by doctor five days before onset of labour ; condition was then normal. Eclamptic fit soon after onset of labour. Further fits and patient died undelivered within a few hours.

Cause of death—Eclampsia.

- (6) Pregnancy notified and supervised by Medical Officer of Health's staff. Abnormality detected and patient was referred to own doctor for treatment. He in turn referred case to obstetric consultant at Royal Infirmary. Admitted to that institution for trial labour. Forceps delivery. Patient's condition poor subsequently, and later developed Broncho Pneumonia.

Cause of death—Broncho Pneumonia following child birth.

- (7) Pregnancy notified and supervised by Medical Officer of Health's staff. No abnormality. Confinement and puerperium quite normal throughout. A month after confinement patient developed a breast abscess, originating from a cracked nipple. This developed later into septicæmia.

Cause of death—Septicæmia.

- (8) Pregnancy not notified, but patient, who was in comfortable circumstances, had ante-natal care from own doctor. Special attention given as a sister had died as a result of child birth. Obstetric specialist in attendance at confinement. Labour not difficult, but patient simply became weaker afterwards and never rallied.

Cause of death—Obstetric shock.

- (9) A transferred death regarding which there is no information. Patient was living at Littleborough, Rochdale, at the time of her confinement, and death occurred there.

Cause of death—Pyelo-nephritis (B. Coli infection) following abortion.

In reports dealing with maternal mortality it has become customary to refer to all causes of death as either preventable or non-preventable—a division which is most misleading, for it implies that deaths due to the so-called “preventable” causes should all be prevented, and it suggests to the public generally that the occurrence of such deaths denotes carelessness or malpractice on somebody's part. Those who have studied the subject closely know only too well that even with all the precautions possible, and with every facility available that science can offer, the problem will not be solved, for occasional deaths from “preventable” causes will continue to occur. It is curious to find that in all the 9 deaths referred to above the causes are included in the “preventable” group, and yet investigation has shown that in not a single one of the cases could anything further have been done than was done by the Local Authority, or its staff, to avert the resulting tragedies. Arising from the publicity given to the subject of maternal mortality in recent years there is now a widespread impression that an area showing a maternal mortality rate above the average in any one year must be a “backward area”. As the local mortality rate for last year was 5.9, which is slightly higher than that for England and Wales, this cloud of suspicion envelopes, for the time being, the Health Services of the district. There is no need to despair, however, for results dependent upon the services provided will undoubtedly make themselves apparent in course of time. In a matter of this kind there is no one policy which, like a magic wand, will produce immediately self-evident results, for, as the Report recently issued by the Ministry of Health shows, the whole subject is extremely complicated and beset with difficulties. Some of these difficulties are illustrated by the history of the cases recorded above.

If we group them together we find, first of all, that 2 deaths were caused by septicæmia following abortion. One of these cases was still further complicated by the fact that the patient was residing in another area at the time when the abortion took place, and so nothing was known of the case until notice of the transferred death was received at the end of the year. But nothing was known regarding the other case either, until it was reported as one of Puerperal Pyrexia and the patient removed to hospital. This is the usual sequence of events in cases of this kind. Moreover, without suggesting that

abortion was induced in either of these cases, the general statement can be made that abortion, particularly artificially produced abortion, is unfortunately increasing, and that however produced, it is attended with a high degree of risk.

How can this difficulty be overcome? Russian politicians thought they had solved the problem by bringing the operation of producing abortion within the law, and providing arrangements at their hospitals whereby any woman who desired her pregnancy to be terminated in the early stages could receive the attention of medical practitioners skilled in the technique of this procedure. It is understood, however, that the foolishness of this policy has now been realised and that a much stricter régime in the matter of selecting cases has been adopted.

In this country the advocates of birth control maintain that they alone can offer the solution, but others, whose views deserve equal consideration, point out that information of this kind, if widely disseminated, may lead to increased immorality on the one hand, or to race suicide on the other. In taking steps to avoid a specific risk we must be careful not to open up a pathway which may lead to an even greater danger.

Next, consider the 4 deaths which occurred, 3 from Eclampsia and 1 from Broncho Pneumonia, as they illustrate entirely different aspects of the difficulties associated with ante-natal care.

Take firstly the case of the woman who, though closely supervised, never shows any abnormal signs throughout pregnancy until labour commences. She then develops eclamptic seizures and dies within a few hours. This is the fulminating type of Eclampsia which cannot be foreseen, or guarded against, and in which treatment is of little avail.

Secondly there is the case where an Assistant Medical Officer of Health detects the danger signs of impending trouble, and refers the patient to her own doctor for treatment. Without referring to this case specifically, but dealing with the matter in a general way, it must be pointed out that whilst the majority of doctors readily co-operate and do all they can to assist, a case occurs from time to time in which the danger is not fully appreciated, and the treatment given not all that could be desired.

Thirdly there is the case where the pregnancy has been notified and the patient has been carefully supervised. Some abnormality calling for treatment is recognised, and the patient is referred to her own doctor, who, to give her the best chance possible, arranges for her admission to hospital under the care of an Obstetric Consultant. He, in turn, gives her the best attention possible, and yet in the end the case terminates fatally.

Fourthly there is the case of the patient who flatly refuses to follow any advice given. Danger signs are detected and the patient is warned of the risk she is running, but she simply laughs when spoken to and refuses to undergo treatment of any kind. Two years ago another death occurred of a patient in exactly similar circumstances, and others more fortunate, but equally obstinate, are encountered from time to time. There is no satisfaction to be gained by referring to Nemesis in such cases—they represent deaths which should have been avoided.

Doctors' cases	...	...	...	...	...	4
Doctors' and midwives' cases	...	...	...	...	...	2
Midwives' cases	...	...	...	...	...	2
No information available (inward transfer)	...	...	...	...	...	1
						— 9
Deaths at home	...	...	...	...	...	2
Deaths in institutions	...	...	...	...	...	7
						— 9

Admitted to institutions prior to onset of labour, 5.

Admitted to institutions after onset of labour, 2.

Ante-natally notified and supervised by the Medical Officer of Health's staff ... 4

Ante-natally notified and supervised by private doctor ... 1

— 5

Rate
per
1,000

	Number	Deaths	Rate per 1,000
Pregnancies ante-natally notified and supervised by the Medical Officer of Health's staff, 1936 ...	875	4	4.6
Other pregnancies (as ascertained by the birth notifications), 1936 ...	620	5	8.1
Pregnancies ante-natally notified and supervised by the Medical Officer of Health's staff during the past fourteen years ...	11,417	34	2.97
Other pregnancies (as ascertained by the birth notifications) during this period ...	10,539	97	9.2

The Public Health (Notification of Puerperal Fever and Puerperal Pyrexia) Regulations, 1926.

No. of cases of Puerperal Sepsis or of Pyrexia notified, 1936 27

No. of cases notified, 1935 ... 22

Amongst the 27 cases notified in 1936

In 15 the births were notified from institutions.

In 3 the births were notified by doctors at home.

In 1 the birth was notified by a doctor at home, but the patient was later removed to hospital.

In 2 the births were notified by midwives at home.

In 2 the births were notified by midwives at home (doctor attending at time of birth).

In 2 the births were notified by midwives at home (doctor attending at time of birth) and the patients were later removed to an institution.

In 1 the birth occurred at home (outside the Borough) and the patient was later removed to an institution.

In 1 the birth was concealed.

The cause of the Pyrexia in the cases notified was as follows :—

Transverse presentation ... 1

Pyelitis ... 2

Pelvic Peritonitis ... 1

Extensive Tears and Exhaustion ... 1

Mastitis ... 2

Retained Placenta ... 4

Macerated foetus ...	...	...	...	...	...	1
Sloughing of Vulva ...	...	...	...	...	...	1
Pyelonephritis ...	...	...	...	...	...	1
Tuberculosis ...	...	...	...	...	...	1
? Scarlet Fever ...	...	...	...	...	...	1
Still Birth ...	...	...	...	...	...	1
Ante-Partum Hæmorrhage : Placenta Prævia ...	...	...	...	...	...	1
Erysipelas ...	...	...	...	...	...	1
Pneumonia ...	...	...	...	...	...	1
Retained Placenta : Post-Partum Hæmorrhage ...	...	...	...	...	...	1
Cæsarean Section after much manual interference ...	...	...	...	...	...	1
Septic perineal tear ...	...	...	...	...	...	1
Concealed pregnancy : inattention ...	...	...	...	...	...	1
Not traced ...	...	...	...	...	...	3
TOTAL						27

Dental Treatment under the Maternity and Child Welfare Scheme.

A scheme for the provision of dental treatment for nursing and expectant mothers was put into operation in 1935, and as information regarding this Service has spread around so the demand for assistance under it has increased. No payment is made for extractions, fillings, or scalings, but dentures are charged for at cost price, or less, according to the financial circumstances of the applicants. The following is a detailed statement of the work done during the past two years :—

	1935	1936
No. of cases treated ...	61	89
Total attendances ...	160	344
No. of extractions ...	388	622
No. of fillings ...	13	12
No. of scalings ...	8	3
No. of dentures supplied	—	29

Infant Welfare.

NOTIFICATION OF BIRTHS ACT, 1907.

(a) Number of births notified in 1936 ...	...	...	1,793
Number of births registered in 1936 ...	...	...	1,441
	Resident	Non-resident	Total
Notifications ...	1,411	382	1,793
Notified by doctors ...	127	10	137
Notified by midwives ...	1,267	370	1,637
Notified by parents, relatives, and others ...	17	2	19
(b) Number of still births notified—			
	Resident	Non-resident	Total
Notifications ...	73	20	93
Notified by doctors ...	16	—	16
Notified by midwives ...	57	20	77
Notified by parents, relatives, and others ...	—	—	—
(c) Number of births with doctors in attendance			763
Number of births attended by midwives only			1030
			1,793

Infant Visiting.

In accordance with the Special Scheme for Infant Welfare, adopted in June, 1928, the following routine visits are paid by an Assistant Medical Officer of Health :—

- (1) As soon as possible after notification.
- (2) Once a week for the first four weeks.
- (3) Once a fortnight for the next two months.
- (4) Once a month for the final nine months.

Additional visits are paid as considered necessary in the interests of mother and child.

The Assistant Medical Officers also supervise, as far as time will allow, children between one and five years, in their respective districts, particularly those children who are known to require the greatest amount of supervision.

No treatment other than that of a special character is provided. Young children requiring orthopædic, or dental, treatment, can be dealt with at the clinics, but in other cases, where medical attention is advisable, the mother is recommended to consult her family doctor.

Record of visits to infants during the year :—

Number of first visits paid to births notified ...	1473
Number of re-visits ,, ,, ,, ...	20424
Total	21897
Number of first visits paid to children one to five	543
Number of re-visits ,, ,, ,, ...	6913
Total	7456

Infant Clinics.

The five Assistant Medical Officers of Health each reserve one afternoon per week for attendance at the clinic held in the Public Health Department for infants and children from one to five years of age.

Children are weighed on these occasions, and, if necessary, examined by the Medical Officers. Advice is given to the mothers regarding the management and feeding of the babies, but little treatment is given.

There are also 2 clinics held fortnightly, one at Longwood, and the other at Outlane. These clinics were commenced and are still run by voluntary enterprise, but they are attended by the Assistant Medical Officers for those districts.

In addition, an Ultra-Violet Ray Clinic is held weekly at the Public Health Department for children up to five years of age who suffer from rickets, debility, skin diseases, &c. The large number of attendances made shows that this form of treatment is appreciated, and the Medical Officers continue to report that from it they obtain good results.

ATTENDANCES AT CLINICS—

Age	New Cases	Total Attendances
Under one year 	524	3696
One to five years 	911	2274
Under five years 	341	1799
(Ultra-Violet Ray Clinic)		
Total	1776	7769

Routine Medical Examination of Young Children.

A circular letter is sent to the parents of all children in the Borough, as the children become three years of age, offering a complete medical examination and pointing out the merit of such an examination. When the post card which had been forwarded at the same time is returned, an appointment is made for the child to be examined at a definite time, either at the Central Clinic, or in the child's own home.

Number of children examined :—360

TABLE OF DEFECTS.						No. of children referred for treatment	No. of children referred for observation
Defect.							
Malnutrition	...	...	...	...	...	7	11
Uncleanliness	...	...	...	...	...	—	1
Skin—							
Impetigo	...	...	...	...	...	1	1
Scabies	...	...	...	...	...	1	1
Other conditions	...	...	...	...	...	—	2
Eye—							
Corneal Opacities		...	...	...	...	1	—
Squint	...	...	...	...	...	2	3
Other conditions	...	...	...	...	...	—	1
Ear—							
Otitis Media	...	...	...	...	...	1	1
Other Conditions	...	...	...	...	...	—	2
Nose and Throat—							
Enlarged Tonsils	...	...	...	...	...	—	43
Adenoids	...	...	...	...	...	—	7
Enlarged Tonsils and Adenoids					...	7	11
Enlarged Cervical Glands		...	...	...	...	1	31
Defective Speech	...	...	...	...	...	—	2
Defective Teeth	...	...	...	...	...	15	10
Heart Disease—							
Functional	...	...	...	...	...	—	4
Anæmia	...	...	...	...	...	1	4
Lungs—							
Bronchitis	...	...	...	...	...	3	9
Other Non-T.B. Disease	...	...	...	...	...	3	4
Tuberculosis—							
Pulmonary, suspected	...	...	...	...	...	1	—
Non-Pulmonary, Glands	...	...	...	...	...	2	—
Nervous System—Chorea	...	...	...	...	...	—	1
Deformities—							
Rickets	...	...	...	...	...	5	6
Other Forms	...	...	...	...	...	1	1
Other Defects and Diseases	...	...	...	...	...	9	8
Total						61	164

Infant Mortality Rates for past Five Years.

Year.	No. of deaths.		Infant Mortality Figure.
1932	...	70	52
1933	...	64	49
1934	...	84	59
1935	...	63	45
1936	...	91	63
Average for past five years		74	54

Age Incidence (1936).

Deaths under one month	...	...	...	55
Deaths over one month and under three months				10
Deaths over three months and under six months				13
Deaths over six months and under nine months				10
Deaths over nine months and under twelve months				3
Total				91
Considered preventable	...	...		9 or 9.9%
Considered non-preventable		...		56 or 61.5%
Considered doubtfully preventable				26 or 28.6%

Immunisation.

The epidemic of Diphtheria which caused so much alarm in 1933 and 1934 is now a thing of the past and apparently almost forgotten, for the number of parents now willing to accept immunisation as a protection for their children against Diphtheria is steadily declining. At the age of three years medical examination free of charge is offered to all the children of the Borough, and at the same time the advantages of immunisation are pointed out to their parents. Although immunisation is offered free of charge, it is observed that only 134 young children received the full course of injections during the year. It is a pity that parents will not appreciate the advantages of immunisation except at a time when an epidemic of the disease is prevalent. If they could all be persuaded to have their children protected by immunisation at an early age, epidemics of the disease could be avoided altogether.

Infant Nurses.

The services of two fully trained nurses are available for the nursing of sick infants in their own homes.

The record of their visits in this connection during the year is as follows :—

No. of cases attended	...	...	...	821
No. of visits paid	...	...	...	3063
TOTAL				3884

Public Health (Ophthalmia Neonatorum) Regulations, 1926.

Twelve cases of Ophthalmia Neonatorum were notified during 1936, compared with 9 in the previous year. Of the 12 cases, 6 were treated in institutions, and the remaining 6 in the infants' own homes by private practitioners with the assistance of either the Queen Victoria Nurses or the Infant Nurses provided by the Local Authority. In 1 case, in addition to being treated by a private doctor, the baby attended the Ophthalmic Out-patients' Department at the Huddersfield Royal Infirmary.

There was no impairment of vision in any of the cases.

Six cases of discharging eyes were reported by midwives on Form A during the period under review, 3 of which were subsequently notified as Ophthalmia Neonatorum.

Although the number of cases of Ophthalmia Neonatorum notified last year was higher by 3 than in the previous year, there has been a definite fall in the number of cases notified in recent years. This is shown by the following figures, which are the notifications received during the past ten years :—

Year						No. of cases notified
1927	...	...	...	...	...	28
1928	...	...	...	...	...	22
1929	...	...	...	...	...	20
1930	...	...	...	...	...	18
1931	...	...	...	...	...	20
1932	...	...	...	...	...	14
1933	...	...	...	...	...	16
1934	...	...	...	...	...	14
1935	...	...	...	...	...	9
1936	...	...	...	...	...	12

Supervision of Midwives.

Fifty-five midwives notified the Medical Officer of Health of their intention to practise midwifery in the Borough.

Of the 55

20 were in private practice ;

25 were resident in institutions ;

10 were attached to the Queen Victoria Nurses' Association.

Midwives not resident in institutions are visited quarterly by an Assistant Medical Officer of Health, when their bags, instruments, and records of cases are inspected. In addition, there is close co-operation between the midwives and the Assistant Medical Officers of Health in connection with their work. Some of the midwives attend the Central Clinic with their patients, but in any case, whether they attend or not, reports outlining the Medical Officers' findings are always forwarded to the midwives who have notified the pregnancies.

Of the 20 midwives who notified their intention to practise privately, 19 were visited by an Assistant Medical Officer of Health, and altogether 67 routine inspections were made. This number does not include 10 visits paid to the Queen Victoria Nurses' Association. One midwife was not visited as her place of residence is situated outside of the Borough.

No official complaint regarding unsatisfactory work on the part of any of the midwives was made during the year.

C.M.B. Forms completed by Midwives.

Form A.	Medical Help...	...	...	...	200
„ B.	Deaths of Infants	...	...	...	1
„ C.	Stillbirths	...	...	...	37
„ D.	Laying out the dead	...	...	...	—
„ E.	Liability of infection	...	...	...	2
„ F.	Artificial Feeding commenced	...	...	...	2

Compensation to Midwives for loss of work.

No claims were made under the Midwives and Maternity Homes Act, 1926, Section 2, during the year. This Section provides that a midwife who has been suspended from practice in order to prevent the spread of infection may claim compensation from the Local Authority. Compensation was paid, however, in a few cases where the midwives, through no fault of their own, had been unable to obtain any payment for their services.

A payment of 10/- is made in cases where a midwife has been booked to attend a confinement but, owing to some abnormality being discovered, the mother is admitted to hospital for treatment and the midwife loses her case. Also cases occur where no Maternity Benefit is available, and the midwife is then unable to receive even a portion of her usual fee. In cases of this kind a minimum fee of 15/- is guaranteed.

Eleven claims for payment in such circumstances were approved during the year.

Institutional Provision for Mothers or Children.

The provision outlined in previous Reports remains unchanged.

St. Katherine's Hostel, 10, King's Mill Lane, Huddersfield, under the Huddersfield Ruridecanal Association for Preventive and Rescue Work, is an institution of this kind. It is maintained by voluntary subscriptions.

The Poor Law institution transferred to the Local Authority also provides accommodation at St. Luke's Hospital.

Homeless children, and children neglected by their parents, are received at St. Luke's Hospital and at the Children's Homes at Scholes.

ORTHOPÆDIC TREATMENT.

The scheme in operation for dealing with school children suffering from orthopædic defects applies also to children under school age. A description of the local arrangements for dealing with such cases and a statistical statement regarding the work done have already been given in the School Medical Report.

The following is a list of the cases dealt with amongst children under five years of age and the attendances made by them during the year :—

Cause of Defect		Type of Defect	Cases	Total Attendances
Congenital ...	...	Spastic Paraplegia ...	4	6
		Spastic Hemiplegia ...	4	8
		Dislocation of Hip ...	1	3
		Torticollis ...	3	5
		Talipes equino varus	3	5
		Spina Bifida ...	1	2
		Contracture of Finger	1	1
Acquired condition :				
Rickets	...	Genu Varum ...	12	22
		Genu Valgum ...	12	24
Birth Injury	...	Erb's Paralysis ...	1	2
Postural	...	Pes Planus ...	9	16
Accident	...	Bony projections on Shin	1	2
		Contusion of Leg ...	1	2

Other ...	...	Hammer Toes ...	1	2
		Eversion of Feet ...	1	2
		Flexion deformity of Toes	3	4
		Overlapping Toes ...	1	2
		Defect suspected but nothing abnormal discovered ...	4	7
TOTALS ...			63	115

Treatment recommended :—				No. of Cases
Admission to Huddersfield Royal Infirmary for osteoclasia ...				3
Out-Patient treatment (massage and exercises)				5
X-ray examination ...				5
To wear splints at night ...				2
Medicinal Treatment ...				22
Crooked Heels ...				19
Ultra-Violet Light Treatment ...				2
Massage and exercises at home ...				5

Cases discharged during the year :—

No.	Type	Severe or Slight	Treatment	Condition on Discharge
1.	Torticollis ...	Slight	Stretching & exercises at Huddersfield Royal Infirmary	Cured
2.	Torticollis ...	Slight	Stretching at Hudders- field Royal Infirmary	Cured
3.	Genu Varum ...	Slight	Cod liver oil ...	Cured
4.	Genu Varum ...	Slight	Cod liver oil ...	Cured
5.	Pes Planus ...	Slight	Crooked Heels ...	Cured
6.	Bony Projections on Shin	Slight	—	Cured

NURSING HOMES REGISTRATION ACT, 1927.

A list of the Nursing and Maternity Homes in the district has already been given. Those under private management have all been registered in accordance with the Nursing Homes Registration Act, 1927, and their supervision is carried out by the Medical Officer of Health and his Assistants.

One application was received during the year for the registration of an additional Nursing Home but, after full inquiry, registration was refused.

PREVENTION OF BLINDNESS.

The work in connection with the blind is carried out by The Huddersfield and District Blind Society (which is registered under the Blind Persons Act, 1920) and the Blind Persons Act Committee of the Corporation.

Section 66 of the Public Health Act, 1925, for the prevention of blindness or for the treatment of persons suffering from any disease or injury to the eyes, has not been adopted by the Council of the County Borough of Huddersfield.

The question of the adoption of this Section has been considered by the Blind Persons Act Committee on several occasions, but in view of the fact that treatment of persons suffering from disease or injury to the eyes is being continually given by the Blind Persons Act Committee, either through the provision of glasses, or on their recommendation by the Bradford Eye and Ear Hospital and the Huddersfield Royal Infirmary, the Council have not been asked to adopt Section 66 of the Public Health Act, 1925.

CHILDREN ACT, 1908.

**Infant Life Protection and Boarded-out Children Visitor :
Mrs. Edith Cook.**

Infant Life Protection (under Part 1 of the Children Act, 1908, as amended by the Children and Young Persons Act, 1932).

The visiting of infants and young children in accordance with this Act is carried out for the most part by one Lady Visitor ; she is assisted when necessary by two Infant Welfare Nurses.

The number of children notified under the Act and under supervision at the beginning of the year was 42.

Of these

- 4 attained the age of nine years and so became exempt.
- 1 was admitted to the Children's Homes, The Leas, Scholes.
- 8 were transferred to the care of relatives.
- 3 left the district.

In this way 16 names were removed from the register during the year, whilst 14 new cases were registered, so that by the end of the year the number of names on the register was 40.

The number of visits paid in connection with this work during the year was 544.

The seven days' notice of registration has been better observed during the past year, but there is still a definite slackness about registering children put out to nurse for payment, in spite of the warning notices which have appeared in the local press. The foster mothers, when found out, always plead ignorance of the Act.

Boarded-out Children.

At the beginning of the year there were 14 boarded-out children in 11 homes, including 4 West Riding cases. In addition, 1 child chargeable to the local Maternity and Child Welfare Committee was boarded-out with a relative in another area.

During the year 4 names were added to the register, and 5 names removed.

- 1 child was legally adopted,
- 1 attained the age of 14 years and commenced work—
income sufficient,
- 2 attained the age of 16 years,
- 1—responsibility not accepted by Suffolk County Council,
therefore discontinued,

leaving the number under supervision at the close of the year 13 cases in 10 homes. Seven of these were chargeable to the Borough Funds and 6 to the West Riding. At the end of the year 3 children were boarded-out with relatives in another area, 2 cases having been added during the year.

The number of visits paid by the Visitor during the year was 626.

If upon reaching fourteen years of age, the boarded-out children desire to learn a trade, in which case only a nominal wage is received, the allowance, in part or wholly, is continued to give them every facility. At present the earnings of 3 children are being augmented in this way (2 West Riding cases and 1 Borough case), and the arrangement has been found satisfactory in every way.

During the year glasses for 2 children, recommended by the School Medical Authority, have been purchased. One child has been legally adopted under very satisfactory conditions and 1 child has been removed to new foster parents, the former foster mother having died.

CHILDREN'S HOMES.
General Report.
Miss C. Smith, Matron.

At the beginning of the year the number of children in the Homes was as follows :—

	Borough Cases		W. Riding Cases		Total
	Boys	Girls	Boys	Girls	
	40	18	12	13	83
Children admitted during above period ...	63		17		80
Children discharged during above period ...	69		18		87

At the end of the year the number was as follows :—

	Borough Cases		W. Riding Cases		Total
	Boys	Girls	Boys	Girls	
	31	21	16	8	76

Of the above number 4 girls are being trained in household duties, 1 of these taking the place of an assistant in the Receiving Home.

The boys over fourteen years of age, who are still under the care of the Committee, are employed as follows :—

- 7 as mill hands,
- 1 at engineering,
- 1 at gardening and poultry keeping.

Four of these still reside in the Homes ; the others all over sixteen years are in lodgings and have very good homes with people who take a real interest in them. Good reports are usually received on these youths and no request for the removal of any of them has been received during the past year.

The boys usually prefer mill work to any other form of employment. This is readily understood, for it is the chief industry of the district. Any children with outstanding ability, or a leaning towards any special career, are given every consideration and other employment of a suitable kind is found for them.

Boys and girls over school age attend Evening School classes, taking subjects most helpful to them in their careers. The younger children attend the local Elementary Schools and Sunday Schools, and all join in the activities and festivities of the neighbourhood. In addition, they receive special outings, the chief one being a day's holiday by the seaside, to which they are taken by char-a-banc. At Christmas they have special attractions, being taken to the local Theatre and to a Picture House, in addition to having a special entertainment of their own. In the summer, sports are arranged. Altogether everything possible is done not only to give them a good start in life but also to bestow upon them some of that happiness which should be the birthright of all children, whatever their circumstances may be.

DENTAL REPORT.

A. B. Shields, L.D.S., R.S.P.S., Senior School Dentist.

All the children in the Homes at Scholes have their teeth inspected at least once every year, and treatment is provided for all who require it. Of 66 children examined during the year, 21 were found to require treatment. The proportion referred for treatment may seem high, but this does not indicate any deterioration in the children's teeth as a whole, for the majority of the defects for which treatment was advised were slight in character. Generally speaking, the children have excellent teeth.

MEDICAL REPORT.

E. Trotter, F.R.C.S., Medical Officer.

Except for Influenza in the first two months, the year 1936 was not characterised by any widespread epidemics of infectious disease at the Leas Homes.

In March and April 8 cases of Scarlet Fever occurred, scattered through the cottages. All were removed to Meltham Isolation Hospital and did well.

In June there was an outbreak of Diphtheria, limited to the main block, and occurring among the children under school age and their attendants. Most of the cases were so mild that diagnosis was made bacteriologically by wholesale taking of swabs from the throats of all the inmates. Six cases were removed to Meltham Isolation Hospital. One—a child of about three years—died from nasopharyngeal hæmorrhage on the fourth day. Ten children who had not been immunised were inoculated.

In June and July 8 cases of Rubella occurred. These were traceable to children returning from Meltham, where it was prevalent at the time.

One solitary case of Whooping Cough was noted in June.

One case of Acute Rheumatism, followed by Endocarditis, was removed to St. Luke's Hospital and made satisfactory progress there.

Only 2 cases of Ringworm and 1 of Scabies were noted.

Three Tonsil and Adenoid cases and 1 Circumcision were sent to the Royal Infirmary, at Huddersfield, for operation.

Accidents were less numerous than usual. They included a fractured clavicle and a badly scalded foot.

The homes were visited by the Medical Officer on 151 occasions during the year.

SANITARY CIRCUMSTANCES OF THE AREA.

Water Supply.

**J. P. Beveridge, Assoc. M. Inst. C.E., Waterworks Engineer
and Manager.**

The consumption of water during the year is shown in the following figures :—

For Domestic Purposes	...	27.97	gallons per head per day.
For Trade Purposes	...	9.59	do. do.
		—	
Total	...	37.56	do. do.

This compares favourably with the consumption returns for 1935.

The quality of the water supplied both from a chemical and bacteriological view-point has been satisfactory, although several complaints have been received throughout the year from certain districts as to the colour of the water. These complaints are being dealt with, and during the year over 10,000 lin. yards of distribution mains throughout the area of supply have been reconditioned by the “Eric” process, which has not only improved the character of the water supplied but increased the carrying capacity of the mains. This work is being continued.

To meet the ever growing demand, 1,300 lin. yards of 6 in. and 9 in. trunk mains have been laid, and further similar works are contemplated during this year.

A 12 in. bye-pass main has been laid round the Scapegoat Hill Service Reservoir, so that this reservoir can be divided in two to facilitate the cleaning, and to improve the supply from this source.

A chemical examination of the water is made every quarter, and the following analyses show the results of these examinations :—

Time	Total Solid Matter dried at 212° F	Loss on Ignition	Chlor- ine in Chlor- ides	Nitrogen in Nitrates	Free Ammonia	Albumin- oid Ammonia	Oxygen Absorb- ed in 3 minutes	Oxygen Absorb- ed in 4 hours	Perm- anent Hard- ness	Temp- orary Hard- ness	Total Hard- ness
1936	Results of Analyses expressed in grains per gallon.										
January ...	7.36	2.97	1.00	—	.0083	.0039	.039	.122	3.58	.27	3.85
April ...	7.17	2.38	1.05	.04	.0062	.0020	.020	.067	2.98	.52	3.50
Result of Analyses now expressed in parts per 100,000.											
June ...	9.96	3.20	1.35	.044	.0040	.0026	.018	.050	4.50	.50	5.00
September	10.68	3.68	1.35	.036	.0038	.0040	.044	.136	4.75	.75	5.50

In addition to the chemical analyses, bacteriological examinations of all the supplies are carried out every month by the Manager of the Sewage Works. The samples for examination are collected from the taps of the consumers, and his report shows that on three occasions, B. Coli was present in 50 c.c. from two of the sources of supply.

A chlorinator has been installed to deal with the Longwood supply.

The average results of all the other examinations carried out during the year were as follows :—

No. of microbes per c.c. growing on Agar at 37° C.		B. Coli	
24 hrs.	48 hrs.	Presumptive	Confirmatory
0	1	—100 c.c.	—100 c.c.

During the year, 7,759 lin. yards of distribution mains have been laid to supply Corporation and other housing schemes.

Sewerage.

W. Jaggar, M. Inst. C.E., Borough Engineer and Surveyor.

During the year the following extensions were made to the sewerage system :—

5,658 lineal yards of new sewers have been laid in connection with new development, as follows :—

Roger Lane Estate	...	1,159 lineal yards.
Deighton Estate	... ..	3,461 do.
Private Estate	... ..	1,038 do.

In addition to the above, 935 lineal yards of sewer reconstruction has been carried out :—

Dewhurst Road	... ..	185 lineal yards.
Nettleton Road	... ..	400 do.
Silver Street	... ..	130 do.
Sergeantson Street	... ..	220 do.

Street Scavenging.

The Borough Engineer reports that street scavenging has received constant attention throughout the year and that during the winter months the work has been continued day and night in accordance with the policy approved by the Council last year.

Sewage Disposal.

W. D. Scouller, M.Sc., A.I.C., Sewage Works Manager.

There have been no extensions nor important alterations to the Sewage Disposal Works during 1936.

Plans are now being prepared (1937) for considerable extensions to the Works, and it is hoped to be in a position to make application to the Ministry of Health for loan sanction by the end of this year.

Rivers and Streams.

The subject of rivers pollution is dealt with in the West Riding by a specially constituted Rivers Board, and no action has been taken during the year by the Local Authority.

Public Cleansing.

H. Neaverson, Cleansing Superintendent.

The scheme for the conversion of tub closets to the water carriage system, commenced in the year 1925, was continued during the past year, and now only 323 of these closets remain. Under the scheme, when the conversion is done voluntarily by the owner, a grant of £10 is made. When, however, advantage is not taken of this system, the conversions are carried out by the Corporation, the owners bearing the cost of structural alterations and re-laying of defective drains.

The numbers of conversions carried out during the year, under the scheme, were as follows :—

Privies with movable receptacles converted under Corporation Scheme :

By Owners, under £10 scheme	... ..	9
„ Conversions Officer	20

Slop water closets converted :

By Owners, under £10 scheme	4
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The following Table shows the progress made during the last five years and the numbers of closets, etc., of various types in use at the close of the year :—

TABLE XI.

	1932	1933	1934	1935	1936
Number of clean water closets, including trough closets	30,103	31,405	32,469	33,569	34,587
Number of waste water (slop) closets	128	125	120	119	115
Number of tub closets ...	894	492	437	332	323
Number of tubs in use ...	993	546	485	346	337*
Number of ashpits in use	21	21	21	19	19
Number of ashbins in use	34,137	36,128	37,451	38,582	39,763
Number of existing privy middens	88	51	35	26	17

Closet conversions during the period 1915–1936 carried out under Sanitary Notices.

Privies with fixed receptacles converted to clean water closets	187
Privies with movable receptacles converted to clean water closets	973
Slop water closets converted to clean water closets	11

NOTE.—In every case where a sufficient sewer and water supply is available, all new closets erected must be on the water carriage system, and be flushed with clean water.

* This figure includes 79 which have been issued in place of midden privies where water or sewers are not available.

Methods of Collection and Disposal of Refuse.

The container system of refuse collection, introduced in 1935, was continued during the past year and proved quite satisfactory.

The containers are equipped with dustless tops and carried in pairs on motors for loading purposes. When full they are exchanged at the destructor for empty ones. The full containers are then raised by a crane to the incinerating plant and emptied there through bottom doors.

The amount of refuse dealt with is shown by the following figures :—

Weight of refuse collected	29,005 tons.
Loads collected from Cesspools	24
Refuse incinerated	28,753 tons.
Number of dust bins in use	39,763
Dust bins collected	1,983,142
Midden privies emptied	109

All the refuse collected is incinerated and the heat produced is utilised for generating steam. The available energy in this is converted in turn into electricity at the adjacent Electricity Works. The results obtained during the past twelve months were as follows :—

Actual Steam raised... ..	135,090,000 lbs.
Average Superheat	595°F.
Total Weight of clinker	7,104 tons 14 cwts.
Total Weight of dust	2,648 tons 17 cwt.
Total Weight of metal	393 tons 10 cwts.

Cleansing of Cesspools.

These are emptied into a container cart by means of a pump, and the contents of the cart are discharged into a sewer.

SANITARY INSPECTION OF THE AREA.**E. Richardson, Chief Sanitary Inspector.**

A list of the inspections and of other work carried out by the Sanitary Staff during the year is given in the following tabular statement :—

TABLE XII.**REMOVAL OF NUISANCES.**

Drains requiring Re-construction	...	...	...	...	32
„ „ connecting with main sewer	...	...	...	...	3
„ not efficiently trapped	...	...	...	...	1
„ requiring Ventilation Shafts	...	...	...	...	5
Defective Sink Pipes and Drains	...	...	...	...	97
„ Yard Drains	...	...	...	...	116
„ Cellar Drains	...	...	...	...	8
„ Eave and Fall Pipes	...	...	...	...	20
„ Roofing	...	...	...	...	49
„ Urinals	...	...	...	...	2
„ Baths	...	...	...	...	1
„ Water Closets	...	...	...	...	51
„ Woodwork or Plaster round Sinks	...	...	...	...	5
„ Floors	...	...	...	...	9
„ Sinks	...	...	...	...	2
„ Plaster	...	...	...	...	34
„ Sewers	...	...	...	...	1
Waste Pipes requiring Disconnecting	...	...	...	...	2
Fall Pipes „ „	...	...	...	...	2
To provide Eave and Fall Pipes	...	...	...	...	2
„ Sinkstones in Houses	...	...	...	...	19
Nuisances from Choked Sewers	...	...	...	...	2
„ Water in Cellar	...	...	...	...	7
„ Street Gullies	...	...	...	...	2
„ Stagnant Water	...	...	...	...	1
„ Defective Surface of Yard	...	...	...	...	5
„ Smoke	...	...	...	...	36
„ Poultry, Pigeons, and Animals	...	...	...	...	11
Shops Requiring Warming Accommodation	...	...	...	...	1
„ Washing „	...	...	...	...	2
Offensive Accumulations	...	...	...	...	25
Ashpits requiring proper doors and covering	...	...	...	...	1
Old Privies requiring alteration to tub or w.c. system	...	...	...	...	1
Tippler Closets requiring alteration to w.c. system	...	...	...	...	2
Tub Closets requiring conversion to w.c. system	...	...	...	...	13
Insufficient Closet Accommodation	...	...	...	...	21
Houses Requiring Cleansing	...	...	...	...	12
„ Requiring Ventilation	...	...	...	...	38
„ Damp	...	...	...	...	47
„ Requiring Water Supply	...	...	...	...	5
Workshops Requiring Lime-washing	...	...	...	...	1
Factory „ „	...	...	...	...	1
Factories requiring Fire Escape	...	...	...	...	3
Total	...	...	...	...	698

TABLE XIII—SUMMARY.

	1st Quarter.	2nd Quarter.	3rd Quarter.	4th Quarter.	TOTAL
No. of Premises where Notifiable diseases have occurred	229	215	171	201	816
Do. inspected do. do.	175	185	154	168	682
Do. disinfected do. do.	137	143	79	157	516
Do. flushed do. do.	59	32	43	68	202
Do. visited searching for fever	231	215	152	194	792
Number of re-visits where cases are isolated at home	10	18	9	13	50
Do. houses visited for Zymotic or other particulars	96	64	67	70	297
Total number of visits to infected houses	474	440	307	434	1655
Cases removed to Hospital	170	170	134	162	636
Number of Articles disinfected by Lyon's Disinfectors	2153	1818	1592	2106	7669
Number of visits in deaths from Phthisis	14	14	8	14	50
Number of premises flushed by request of owners (paid for)	182	159	198	138	677
Other premises, yards or courts flushed	19	44	33	68	164
No. of Drains tested by flushers	26	41	32	39	138
Drains found choked by Flushers	255	227	235	270	987
Drains made clear	241	216	208	247	912
Nuisances reported to Public Health Department ...	128	113	141	109	491
Do. inspected	128	113	141	109	491
Inspection of premises where nuisances are found ...	143	103	118	123	487
Do. premises where no nuisances are found ...	484	247	246	298	1275
Do. premises where offensive trades are conducted	16	15	15	26	72
Do. Houses let in lodgings	5	—	1	1	7
Do. Common Lodging Houses	8	29	—	28	65
Do. Workshops	28	18	18	7	71
Do. Factories	32	9	21	25	87
Do. Schools	1	5	—	—	6
Do. Slaughter Houses	244	199	198	211	852
Do. Canal Boats	2	3	17	21	43
Do. Dairies and Milkshops	14	10	12	21	57
Do. Bakehouses	7	220	1	222	450
Do. Markets and Shops	394	368	264	550	1576
Do. Under Merchandise Marks Acts	131	128	60	100	419
Do. Van Dwellings	3	176	140	—	319
Re-visits to work in progress	243	210	243	255	951
Visits to property under notice	1242	1338	1689	1593	5862
Total number of Inspections of Premises	2997	3078	3043	3481	12599
No. of Entries in Report Book	132	94	109	114	449
Preliminary Notices to Owners	56	41	52	53	202
Number of Legal Notices issued for abatement or abolition of nuisances	24	14	18	37	93
Owners seen personally	163	167	178	209	717
Summonses taken out	2	—	—	3	5
Sections of New Drains tested	7	7	12	19	45
Do. and satisfactory at first test	7	7	12	19	45
Old Drains tested	14	20	30	26	90
Do. and found sound	8	9	11	14	42
Do. and found defective	6	11	19	12	48
Smoke observations taken	206	235	208	239	888
Number of visits under Food and Drugs Acts	144	139	128	159	570
Food and Drugs—samples purchased	92	90	82	102	366
Do. do. adulterated	4	4	2	2	12
Water Samples taken for Analysis	1	3	—	—	4
Do. polluted	—	2	—	—	2
Number of visits under Fertilizers and Feeding Stuffs Acts	—	—	2	—	2
Number of Samples procured	—	—	1	—	1
Do. found adulterated	—	—	—	—	—
Milk Samples for Bacteriological Examination	122	91	101	109	423
Water Samples do. do.	—	1	—	—	1

Premises and Occupations which can be controlled by Bye-Laws and Regulations.

1. Houses let in Lodgings.

This class of house is subject to inspection and registration under regulations contained in the Huddersfield Improvement Act, 1871.

The short tabular statement given below shows the number of houses let in lodgings on the Register at the beginning of the year ; the number of such houses removed from the Register, and the number remaining on the Register.

Houses let in lodgings on Register January 1st, 1936	...	70
Houses removed from Register during the year 1936	...	1
Net decrease to Register during the year 1936	... ..	1
		69
Houses remaining on the Register on December 31st, 1936		69

Of the above houses, 65 are in the Central District of the Borough, and 4 in the outer districts.

The 69 houses afford accommodation for 670 lodgers in 289 rooms, giving an average of 2.31 persons per room.

2. Offensive Trades.

The number of premises on the Register of Offensive Trades is 8, in which the following trades are carried on :—

Soap Boiling	...	...	...	...	1
Tripe Boiling	...	...	...	...	6
Fat Melting	...	...	...	...	7
Bone Boiling	...	...	...	...	1
Gut Scraping	...	...	...	...	1
Number of inspections during year	...				72

The whole of the premises are kept in compliance with the Bye-Laws, and no contravention was discovered during the year.

FACTORIES, WORKSHOPS, WORKPLACES, AND HOME WORK.

1.—INSPECTION.

Including Inspections made by Sanitary Inspectors.

Premises.	Number of		
	Inspections.	Written Notices.	Prosecutions
Factories (Including Factory Laundries)	87	45	—
Workshops (Including Workshop Laundries)	521	5	—
Workplaces	—	—	—
Total	608	50	—

2.—DEFECTS FOUND.

Particulars	Number of Defects.			Number of Prosecutions
	Found.	Remedied.	Referred to H.M. Inspector	
<i>Nuisances under the Public Health Acts* :—</i>				
Want of cleanliness	2	2	—	—
Want of ventilation	—	—	—	—
Overcrowding	—	—	—	—
Want of drainage of floors	—	—	—	—
Other nuisances, including emission of black smoke	34	21	—	—
Sanitary accommodation {	insufficient	3	2	—
	unsuitable or defective	7	6	—
	not separate for sexes	2	2	—
<i>Offences under the Factory and Workshop Act :—</i>				
Illegal occupation of underground bakehouses (S. 101)	—	—	—	—
Breach of special sanitary requirements for bakehouses (SS. 97 to 100)	—	—	—	—
Other offences, including escape in case of fire— (Excluding offences relating to out-work which are included in Part 3 of this Report).	3	3	—	—
Total	51	36	—	—

* Including those specified in Sections 2, 3, 7, and 8 of the Factory and Workshop Act, 1901 as remediable under the Public Health Acts.

3.—HOME WORK.

Class.	Number of		
	Lists.	Out-workers	
		Con-tractors.	Workmen
List of Outworkers (S. 107) :—			
List received from Employers twice per year	—	—	—
„ „ „ „ once „ ...	1	—	15
Prosecutions		—	
Outwork in unwholesome premises (S. 108) ...		Wearing Apparel.	Other.
Cases of infectious diseases notified in home workers' premises	}	Nil.	
Orders prohibiting homework in infected premises (S.110)			

4.—REGISTERED WORKSHOPS.

Workshops on the Register (S. 131) at the end of the year.

Important classes of workshops, such as workshop bake-houses, may be enumerated here.	Clothing and similar trades	...	...	...	144
	Leather	„	...	...	78
	Iron and Tin	„	...	...	83
	Wood	„	...	...	50
	Lead and Paint	„	...	...	58
	Jewellery	„	...	...	14
	Bakehouses	...	...	...	130
	Miscellaneous Trades and Manufactures			...	119
	Total number of Workshops on Register			...	676

5.—OTHER MATTERS.

Matters notified to H.M. Inspector of Factories :—

Failure to affix Abstract of the Factory and Workshop Acts (S. 133, 1901) —

Action taken in matters referred by H.M. Inspector as remediable under the Public Health Acts, but not under the Factory and Workshop Acts (S. 5, 1901)	Notified by H.M. In-spector	...	...	7
	Reports (of action taken) sent to H.M. In-spector	...	...	7

Other —

Underground Bakehouses (S. 101) :—

Certificates granted during the year	...	...	...	...	—
In use at the end of the year	...	...	...	...	3

CLASSIFIED LIST OF WORKSHOPS.

		On Register Dec. 31st, 1935		Added during 1936.		Removed during 1936.		Remaining Dec. 31st, 1936.	
		Central District.	Outer Districts.	Central District.	Outer Districts.	Central District.	Outer Districts.	Central District.	Outer Districts.
1	Dress and Mantle Makers and Milliners, Tailors, Waterproof Manufacturers, &c.	96	40	—	1	1	—	95	41
2	Boot and Shoe Makers, Cloggers, Saddlers and Curriers	27	54	—	—	3	—	24	54
3	Black, Shoeing, Tin, and White Smiths; Cycle Repairs, &c.	46	37	—	—	—	—	46	37
4	Joiners, Cabinet Makers, Wood Carvers, Picture Framers and Gilders	20	24	—	—	1	—	19	24
5	Plumbers, Painters and French Polishers	34	24	—	—	—	—	34	24
6	Coopers, Carriage Builders, and Wheelwrights	2	5	—	—	—	—	2	5
7	Watchmakers, Jewellers, Engravers, and Electrical Engineers	12	3	—	—	1	—	11	3
8	Rug Makers and Rag and Wool Sorters	18	3	—	—	3	—	15	3
9	Upholsterers, Basket and Brush Makers	18	6	—	—	1	—	17	6
10	Hosiery Knitters, Shirt Makers, and Laundries	3	5	—	—	—	—	3	5
11	Monumental Sculptors	1	4	—	—	—	—	1	4
12	Organ Builders, Piano Repairers, &c.	5	—	—	—	1	—	4	—
13	Tripe Dressers	6	—	—	—	—	—	6	—
14	Bakehouses	35	97	1	—	1	2	35	95
15	Manufacturing Chemists; Mattress, Corset, Blind, and Waggon Cover Makers; Wire Workers, Tea Packers, Teazle Trimmers, Rope Makers, Tallow Chandlers, &c., &c.	44	19	—	—	—	—	44	19
		367	321	1	1	12	2	356	320
		688		2		14		676	

CANAL BOATS ACTS, 1877 and 1884.

Huddersfield Registration District.

(1). Arrangements made for the inspection of boats, the name, address, and remuneration of the Inspector.

Ernest Richardson, Public Health Department, Huddersfield, was appointed Inspector of Canal Boats on the 10th day of October, 1917, and the remuneration for the work is included in his salary as Sanitary Inspector.

(2). The number of boats inspected during 1936, was 14, and of inspections 40.

The 14 boats were made up of 1 broad boat and 13 fly boats, the last being all broad boats.

The place of registry in all cases was Goole. All the boats inspected were found in good condition and conforming to the Acts and Regulations, and the occupants of all the boats were in good health.

(3). Infringements of the Acts and Regulations with respect to the following matters :—

- (a) Registration.—None.
- (b) Notification of change of master.—None.
- (c) Masters without certificates.—None.
- (d) Marking.—None.
- (e) Overcrowding.—None.
- (f) Separation of sexes.—None required.
- (g) Cleanliness.—None.
- (h) Ventilation.—Nothing to complain about.
- (i) Painting.—None.
- (j) Provision of water casks.—All boats provided.
- (k) Removal of bilge water.—This work received regular attention.
- (l) Notification of infectious disease.—None.
- (m) Admittance of Inspector.—No difficulty experienced.

(4). Legal proceedings taken.—None.

(5). Any other steps taken to secure compliance with the Acts and Regulations.—None called for.

Matters of cleanliness of minor moment have received prompt attention at the instigation of the Inspector.

- (6). Infectious diseases.—None.
- (7). Detention of boats.—None.
- (8). (a) Number of boats on the Register.—10.
 Number of boats in use or available.—10.
 Propelled by motor.—None.
- (b) Number of boats that cannot be traced.—None.
- (9). Number registered during 1936.—None.

CANAL BOATS ACTS, 1877 AND 1884.

Summary Appendix to the Annual Report of the Canal Boats
Inspector for the year 1936.

	1934	1935	1936
Number of boats inspected	17	16	14
Made up of Broad Boats	3	1	1
Broad Fly Boats	14	15	13
Narrow Boats ..	—	—	—
Narrow Fly Boats	—	—	—
Registered Accommoda- tion—Aft Cabin ..	55	53½	45
Centre Cabin ..	—	—	—
Fore Cabin ..	49	48	42
	104	101½	87
Population found on board			
Adults	37	39	34
Children	3	2	3
	40	41	37
Children under school age	3	2	3
Number of children of school age	None	None	None
Number of days on which inspections have been made	22	13	13
Number of inspections made	53	36	40
Number of boats conform- ing to Acts and Regula- tions	17	16	14
Number of boats with one or more infringe- ments	None	None	None
Number of infringements met with	None	None	None
Number remedied ..	None	None	None
Number dealt with by magistrates	None	None	None
Number still under Notice December 31st	None	None	None
Number service effected..	None	None	None

SHOPS ACT, 1934.

The following tabular statement summarises the action taken under the above Act during the year :—

Nature of Defect				Found	Remedied
Defective W.C.'s	...	...	...	4	4
Dirty W.C.'s	...	...	...	3	3
Insufficient W.C.'s	...	...	...	1	1
No W.C.	...	...	...	2	1
Defective washing accommodation	...	...	...	1	1
No washing accommodation	...	...	...	1	1
Dirty premises	...	...	...	1	1
TOTAL				13	12

SMOKE ABATEMENT.

1936.	Number of Observations taken.	Number showing no Black Smoke.	Number showing Black Smoke.	Number of cases in which the 3 minutes permissible was exceeded.	Total minutes of Black Smoke emitted.	Average number of minutes of Black Smoke emitted from chimneys per half-hour.
January	50	30	20	—	35	1.75
February	66	32	34	3	140	4.12
March	91	54	37	7	120 $\frac{1}{4}$	3.25
April	85	37	48	9	183 $\frac{1}{2}$	3.82
May	84	53	31	3	65 $\frac{1}{2}$	2.11
June	67	42	25	1	29 $\frac{1}{2}$	1.18
July	79	45	34	4	82 $\frac{1}{4}$	2.42
August	58	42	16	—	25 $\frac{1}{2}$	1.59
September	69	48	21	—	32	1.52
October	79	52	27	3	48 $\frac{1}{2}$	1.8
November	78	48	30	7	102 $\frac{1}{2}$	3.41
December	82	52	30	4	75 $\frac{1}{4}$	2.52
TOTAL ...	888	535	353	41	939 $\frac{3}{4}$	2.66

The above figures, when compared with those for 1935, suggest that some improvement has been made in regard to the emission of black smoke.

The number of observations in which the limit of three minutes in half an hour was exceeded represents 4.6 per cent. of the total number of observations taken. This compares with 7 per cent. in 1935,

SWIMMING BATHS AND POOLS.

There are three public baths owned and controlled by the Corporation Baths Committee.

Cambridge Road Baths.

A modern building; the equipment includes two swimming pools, twenty-one slipper baths, with a medical baths department containing foam baths, &c., and artificial sunlight apparatus.

Ramsden Street Baths.

One swimming pool, which is used during school hours by the Education Committee for the teaching of swimming to school children. After school hours the bath is open to the public.

Lockwood Baths.

A smaller establishment with one swimming pool and twenty-four slipper baths. The swimming pool is used mainly by the school children from the Borough schools and from schools under the West Riding Education Authority.

All the swimming baths under the control of the Baths Committee have up-to-date filtration plants with sterilizing apparatus. The circulation period of filtration is four hours and sterilization is carried out by means of chlorine, the content of which is maintained at from .2 to .5 parts per million.

Samples of water from each of the baths were taken for bacteriological examination at a time when the baths were being most used and all proved satisfactory. The results obtained were as follows:—

(1) RAMSDEN STREET BATHS.

A sample was collected and agar plates were inoculated immediately with 1 c.c. of a dilution of 1 in 100. The sample was then conveyed to the Public Health Laboratory and McConkey Tubes were inoculated. Also agar plates were inoculated every hour for six hours with 1 c.c. of 1 in 100 dilution, the dilution being made each hour immediately before inoculation. All plates inoculated remained in the incubator for twenty-four hours.

Results:—

- (a) B. Coli—absent. (No acid and no gas.)
- (b) (i) Zero group, i.e., sample inoculated at time of withdrawal of sample. Profuse growth—uncountable.
- (ii) After one hour of standing—profuse growth.
- (iii) After two hours of standing—20 colonies per 1 c.c. of $1/100=2,000$ colonies per c.c.
- (iv) After standing three hours—400 colonies per c.c.
- (v) After standing four hours—culture sterile.
- (vi) After standing five hours—culture sterile.
- (vii) After standing six hours—culture sterile.

(2) CAMBRIDGE ROAD BATHS.

Similar procedure to above.

Chlorine content—.20—.50 parts per million.

- (a) B. Coli—absent.
- (b) (i) Zero Group—32,000 colonies per c.c.
- (ii) After one hour—2,800 colonies per c.c.
- (iii) After two hours—1,200 colonies per c.c.
- (iv) After three hours—400 colonies per c.c.
- (v) After four hours—sterile culture.
- (vi) After five hours—sterile culture.
- (vii) After six hours—sterile culture.

(3) LOCKWOOD BATHS.

Similar procedure to above.

Chlorine content estimated at time of withdrawal of sample—.15 parts per million.

(a) B. Coli—absent.

(b) (i) Zero group—scanty growth, 1,600 per c.c.

(ii) After one hour—1,200 per c.c.

(iii) After two hours—400 per c.c.

(iv) After three hours—sterile culture.

(v) After four hours—sterile culture.

(vi) After five hours—sterile culture.

(vii) After six hours—sterile culture.

Of the above samples it will be observed that the least satisfactory—in fact the only one the least doubtful—was that obtained from the Ramsden Street Baths, but even this cannot be regarded as unsatisfactory, for B. Coli was absent, and although the immediate bacteria count was high, there was enough chlorine in circulation to render the water completely sterile within four hours.

There are no privately owned swimming baths or pools open to the public in the Borough.

Eradication of Bed Bugs.

(1) (a) Number of Council houses found to be infested ... 27

Number of Council houses disinfested ... 27

(b) Number of other houses found to be infested ... 155

(2) METHODS EMPLOYED FOR FREEING INFESTED HOUSES.

The infested houses are fumigated with sulphur or sulphur compound candles, the premises having been prepared by having the paper stripped from the walls, woodwork eased off the walls, and the premises sealed.

Slight infestations are dealt with by spraying with an insecticide.

(3) METHODS EMPLOYED FOR FREEING THE BELONGINGS OF TENANTS BEFORE REMOVAL TO COUNCIL HOUSES.

Before transfer to new houses, the whole of the household effects, with the exception of bedding, belonging to tenants from slum clearance properties are treated with hydrogen cyanide gas. All bedding is passed through the steam disinfecter.

In the early stages fumigation by cyanide gas was carried out by a contractor in a special van provided by him, but the new hydrogen cyanide gas fumigation plant erected by the Council came into operation about the middle of the year.

Furniture is collected from the condemned houses, packed into the van in the morning, and taken to the fumigation plant. There the van is sealed up, warm air is introduced to raise the temperature, and later cyanide gas is admitted from the plant in a manner which renders the process as safe as it possibly can be made. The contents are kept in contact with the gas for two and a half hours, after which warm air is blown through for two hours. Before removal from the station, tests are made to ascertain that the gas has been cleared away. After a sufficient airing, the furniture is delivered to the new house in the evening or late afternoon of the same day on which it was collected.

SCHOOLS.

The sanitary condition of the schools and the action taken with regard to the prevention of the spread of infectious diseases has already been reported upon in the School Medical Report for the year.

RAG FLOCK ACTS, 1911 AND 1928.

There are four premises dealing with rag flock.

It was not found necessary to take any action under the Acts during the year 1936.

HOUSING.

The following list shows the number of houses erected by the Corporation and those in course of erection since 1914 :—

LIST OF HOUSES ERECTED BY THE CORPORATION.

				Erected.	In course of erection.	
1914	...	...	...	94	...	—
1915	...	...	...	70	...	—
1916	...	...	...	10	...	—
1917	...	...	...	0	...	—
1918	...	...	...	0	...	—
1919	...	...	...	26	...	—
1920	...	...	...	77	...	—
1921	...	...	...	98	...	—
1922	...	...	...	99	...	—
1923	...	...	...	94	...	—
1924	...	...	...	69	...	—
1925	...	...	...	118	...	—
1926	...	...	...	110	...	—
1927	...	...	...	154	...	—
1928	...	...	...	314	...	—
1929	...	...	...	329	...	—
1930	...	...	...	250	...	—
1931	...	...	...	370	...	—
1932	...	...	...	106	...	—
1933	...	...	...	240	...	—
1934	...	...	...	26	...	—
1935	...	...	...	110	...	—
1936	...	...	...	284	...	514
Total				3048	514	

HOUSING CONDITIONS.

Statistics.—Year ended 31st December, 1936.

(1)	Estimated Population	...	...	...	...	...	115,300
(2)	General death-rate	...	...	...	...	...	14.10
(3)	Death-rate from Tuberculosis	...	...	...	...	...	0.54
(4)	Infantile mortality	...	...	...	...	...	63.0
(5)	Number of dwelling-houses of all classes	...	...	...	...	...	36,333
(6)	Number of working-class dwelling-houses	...	...	...	...	...	32,229
(7)	Number of new working-class houses erected	...	...	...	...	...	795

Number of New Houses erected during the Year :—

Total—

(i)	By the Local Authority	...	...	...	...	284
(ii)	By other bodies and persons	...	...	...	...	519

1. Inspection of Dwelling-houses during the Year :—

(1)	(a)	Total number of dwelling-houses inspected for housing defects (under Public Health or Housing Acts)	...	...	...	...	2493
	(b)	Number of inspections made for the purpose	...	...	...	...	2493

(2) (a) Number of dwelling-houses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations, 1925 and 1932	...	...	...	...	...	2493
(b) Number of inspections made for the purpose	...					2493
(3) Number of dwelling-houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	...	...	...	...		2493
(4) Number of dwelling-houses (exclusive of those referred to under the preceding sub-head) found not to be in all respects reasonably fit for human habitation	...	...	...	...	...	None
2. Remedy of Defects during the Year without Service of Formal Notices :—						
Number of defective dwelling-houses rendered fit in consequence of informal action by the Local Authority or their Officers	...	...	...	...	...	None
3. Action under Statutory Powers during the Year :—						
A—Proceedings under Sections 17, 18 and 23 of the Housing Act, 1930 :						
(1) Number of dwelling-houses in respect of which notices were served requiring repairs	...	...				None
(2) Number of dwelling-houses which were rendered fit after service of formal notices :—						
(a) By owners	...	...	...	...		None
(b) By Local Authority in default of owners						None
B—Proceedings under Public Health Acts :—						
(1) Number of dwelling-houses in respect of which notices were served requiring defects to be remedied	...	...	...	...	...	None
(2) Number of dwelling-houses in which defects were remedied after service of formal notices :—						
(a) By owners	...	...	...	...		None
(b) By Local Authority in default of owners						None
C—Proceedings under Sections 19 and 21 of the Housing Act, 1930 :—						
(1) Number of dwelling-houses in respect of which Demolition Orders were made	...	...	...			96
(2) Number of dwelling-houses demolished in pursuance of Demolition Orders	...	...	...			8
D—Proceedings under Section 20 of the Housing Act, 1930 :—						
(1) Number of separate tenements or underground rooms in respect of which Closing Orders were made	...	...	...	...	...	6
(2) Number of separate tenements or underground rooms in respect of which Closing Orders were determined, the tenement or room having been rendered fit	...	...	...	...	...	None

4. Housing Act, 1935.—Overcrowding.

Overcrowding Survey.

	Total Houses	Corporation Houses included in previous column
Total No. of houses surveyed ...	28,891	3,669
No. of houses overcrowded ...	1,341	228
No. of houses not overcrowded ...	27,550	3,441
Percentage overcrowded ...	4.64	6.21
No. of houses overcrowded in sex separation ... 6		

No. of cases of overcrowding which have been relieved during the year :—

- | | | | | | |
|--|-----|-----|-----|-----|----|
| (1) In Corporation houses | ... | ... | ... | ... | 17 |
| (2) In the course of slum clearance operations | ... | ... | ... | ... | 46 |

TABLE XIV.

HOUSING ACTS, 1925 to 1935.—Report on Work done from May 1st, 1911, to December 5th, 1936.

Year.	No. of inspections from month to month.	No. of houses re-inspected.	No. of defects found.	No. of houses involved.	No. of defects remedied without notice.	No. of defects remedied after letter, P.H. Act 1875.	No. of defects remedied after Legal Notice, P.H. Act 1875.	No. of defects remedied after letter, H.T.P. Act 1909.	No. of defects remedied after letter, Housing Act, 1925	No. of defects remedied after Legal Notice, Housing Act, 1925	No. of defects remedied after letter, Housing Act, 1930	No. of defects remedied after Legal Notice, Housing Act, 1930	No. of defects not remedied.
1911	367	—	944	205	78	16	515	335	—	—	—	—	—
1912	560	—	1258	543	1	—	181	1076	—	—	—	—	—
1913	771	—	1956	712	—	—	1	1944	—	—	—	—	11
1914	294	30	1328	296	—	—	—	1328	—	—	—	—	—
1915	249	27	995	259	—	—	—	995	—	—	—	—	—
1916	288	—	1254	276	—	—	11	1243	—	—	—	—	—
1917	220	—	854	209	—	—	46	808	—	—	—	—	—
1918	53	—	301	52	—	—	30	271	—	—	—	—	—
1919	46	—	345	46	—	—	6	339	—	—	—	—	—
1920	39	22	364	39	—	—	—	347	—	—	—	—	—
1921	24	—	218	24	1	3	—	214	—	—	—	—	17
1922	85	307	1436	339	176	—	10	1227	—	—	—	—	—
1923	45	—	164	44	6	—	—	149	—	—	—	—	23
1924	3	53	242	54	20	—	—	179	—	—	—	—	9
1925	34	—	154	32	—	—	—	61	—	93	—	—	43
1926	472	—	1940	453	5	—	—	—	—	1933	—	—	—
1927	405	37	937	316	—	—	—	—	24	896	—	—	2
1928	378	14	1308	340	13	—	—	—	12	1251	—	—	17
1929	501	—	2407	465	16	—	—	—	16	2352	—	—	32
1930	576	4	1703	491	15	—	—	—	127	906	—	—	23
1931	774	3	2145	676	—	—	—	—	—	—	658	630	25
1932	686	34	1913	533	5	—	—	—	—	—	507	1431	56
1933	389	19	2168	313	—	—	—	—	—	—	130	1313	88
1934	4	1013	23230	1011	—	—	—	—	—	—	4	1696	342
1935	613	1012	49035	1624	—	—	—	—	—	—	—	9550	13676
1936	2206	287	68762	2493	—	—	—	—	—	—	—	569	48466
	10082	2862	167361	11845	336	19	800	10516	179	7431	1299	15712	131069

Number of houses inspected ...
 Number of houses re-inspected ...
 Number of houses in which defects were found ...
 Number of houses in which no defects were found ...
 Number of houses in which defects were wholly remedied ...
 Number of houses in which defects were partially remedied ...
 Number of houses in which none of the defects were remedied ...

Total number of defects found ...
 Total number of defects remedied ...
 Percentage number of defects remedied ...
 Total number of defects not remedied ...

HOUSING ACT, 1930.
Slum Clearance.
Progress under Programmes.

	Houses dealt with in Clearance Areas	Houses dealt with under Part II. of the Act, including Houses in Im- provement Areas	Total
Number of houses included in the total programme :—			
(1) Which have been demolished	122	34	156
(2) Which have been made fit ...	—	47	47
(3) Which have been put out of use for human habitation (in- cluding parts of buildings closed) and are not to be demolished ...	—	15	15
(4) Totals of items 1 to 3 ...	122	96	218
(5) In respect of which action is necessary but was not completed by 31st December, 1936 (including 2,191 houses to be dealt with in Clearance Areas)			7,976
(6) Total of items 4 and 5			8,194

(4) Details of Clearance Areas decided upon.

No. of Area	No. of Houses	No. of Persons to be displaced
1	41	145
2	32	113
3	27	81
4	9	36
5	232	772
6	15	47
7	62	281
8	91	273
9	28	80
10	26	70
11	64	217
12	7	14
13	22	73
14	7	31
15	21	100
16	19	76
17	98	365
18	28	85
19	34	105
20	32	95
21	6	16
22	77	228
23	9	29
24	58	172
25	4	6
26	3	11
27	11	27
28	11	28
29	3	7
30	8	20
31	7	20
32	7	19
33	3	6
34	8	21
35	3	8
36	3	5
37	3	9
38	17	42
39	7	26
40	5	16
41	2	6
42	4	17
43	5	18
Totals	1,159	3,816

(5) Progress of Slum Clearance Programme.

Area No.	Date of Representation	Date of Order	Date of Enquiry	Date of Confirmation	No. of Houses vacated	No. of Houses demolished
1	13th July, 1933	20th Dec., 1933	6th Feb., 1934	11th April, 1934	41	30
2	29th Dec., 1933	18th April, 1934	30th May, 1934	13th July, 1934	32	30
3	27th July, 1934	17th Oct., 1934	4th Dec., 1934	5th Feb., 1935	27	2
4	28th Dec., 1934	17th April, 1935	No enquiry	19th June, 1935	9	6
5	1st Feb., 1935	20th March, 1935	14th May, 1935	16th Aug., 1935	232	93
6	29th Nov., 1935	18th March, 1936	24th June, 1936	6th Oct., 1936	5	—
7	29th Nov., 1935	18th March, 1936	24th June, 1936	6th Oct., 1936	23	—
8	29th Nov., 1935	18th March, 1936	24th June, 1936	6th Oct., 1936	14	—
9	29th Nov., 1935	18th March, 1936	24th June, 1936	6th Oct., 1936	12	—
10	27th Dec., 1935	18th March, 1936	24th June, 1936	6th Oct., 1936	2	—
11	27th Dec., 1935	5th Aug., 1936	27th Oct., 1936	9th Feb., 1937		
12	31st Jan., 1936	18th March, 1936	24th June, 1936	6th Oct., 1936		
13	31st Jan., 1936	18th March, 1936	24th June, 1936	6th Oct., 1936		
14	31st Jan., 1936	5th Aug., 1936	27th Oct., 1936	9th Feb., 1937		
15	31st Jan., 1936	5th Aug., 1936	27th Oct., 1936	9th Feb., 1937		
16	28th Feb., 1936	15th April, 1936	24th June, 1936	6th Oct., 1936	6	—
17	28th Feb., 1936	20th May, 1936	30th June, 1936	12th Oct., 1936		
18	29th May, 1936	5th Aug., 1936	27th Oct., 1936	9th Feb., 1937		
19	26th June, 1936	5th Aug., 1936	27th Oct., 1936	9th Feb., 1937		
20	28th July, 1936	7th Oct., 1936	16th Feb., 1937	22nd April, 1937		
21	18th Sept., 1936	9th Nov., 1936	16th Feb., 1937	22nd April, 1937		
22	18th Sept., 1936	9th Nov., 1936	16th Feb., 1937	22nd April, 1937		
23	16th Oct., 1936	3rd Feb., 1937	No enquiry			
24	13th Nov., 1936	3rd Feb., 1937	20th April, 1937			
25	13th Nov., 1936	3rd Feb., 1937	20th April, 1937			
26	13th Nov, 1936	3rd Feb., 1937	20th April, 1937			
27	13th Nov., 1936	3rd Feb., 1937	20th April, 1937			
28	13th Nov., 1936	3rd Feb., 1937	20th April, 1937			
29	13th Nov., 1936	3rd Feb., 1937	No enquiry			
30	13th Nov., 1936	3rd Feb., 1937	20th April, 1937			
31	15th Jan., 1937	3rd March, 1937	8th June, 1937			
32	15th Jan., 1937	3rd March, 1937	No enquiry			

Area No.	Date of Representation	Date of Order	Date of Enquiry	Date of Confirmation	No. of Houses vacated	No. of Houses de-molished
33	15th Jan., 1937	3rd March, 1937	8th June, 1937			
34	15th Jan., 1937	3rd March, 1937	8th June, 1937			
35	15th Jan., 1937	3rd March, 1937	8th June, 1937			
36	15th Jan., 1937	3rd March, 1937	8th June, 1937			
37	17th Feb., 1937	7th April, 1937	8th June, 1937			
38	17th Feb., 1937	7th April, 1937	8th June, 1937			
39	16th April, 1937	2nd June, 1937				
40	16th April, 1937	2nd June, 1937				
41	16th April, 1937	2nd June, 1937				
42	18th June 1937					
43	18th June, 1937					

INSPECTION AND SUPERVISION OF FOOD.

Milk Supply.

The inspection of farms and dairies is carried out by the Veterinary Officer, Mr. W. R. McKinna, M.R.C.V.S., D.V.S.M., who is assisted in this work by one of the Sanitary Inspectors. Mr. McKinna's Report is given as an appendix to this Report, and outlines the action taken during the year under the Milk and Dairies Order and the Diseases of Animals Acts.

At the close of the year there were 129 registered cow-keepers, of whom 20 were on the Roll of Accredited Producers, and there were 266 purveyors of milk. Of the latter, 5 were licensed to sell milk as "Certified" under the Milk (Special Designations) Order, 1936.

Bacteriological Examination of Milk.

During the year 445 samples of milk were examined. These were made up as follows:—

RAW MILK.

Produced in the Borough	74
Produced out of the Borough	81

ACCREDITED MILK.

Supplied to Schools	126
Other than to Schools	14

RAW MILK to Schools (other than Accredited) ...	71
---	----

CERTIFIED MILK.

Produced in the Borough	24
Produced out of the Borough	36

PASTEURISED MILK	19
-------------------------	----

445

Raw Milk.

The standard of cleanliness regarded as satisfactory is that required by the Milk (Special Designations) Order, 1923, for Grade "A" milk, namely, a Bacterial Count not exceeding 200,000 per c.c. and no B. Coli in 1/100th c.c.

Fifty-six of the 74 samples taken from producers resident in the Borough attained this standard, representing 75.7 per cent. Even better results were given by the samples obtained from non-Borough producers, for of 81 samples examined 66 or 81.5 per cent. reached the standard required.

Under the scheme agreed upon by the Milk Marketing Board and the Board of Education whereby milk is supplied free or at a reduced price to all school children who require it, the source of supply in every case must be approved by the Medical Officer of Health. In addition to careful inspection of the farms from which such milk is obtained, samples are taken frequently to ensure that a high standard of cleanliness is maintained. The samples examined gave the following results:—

ACCREDITED MILK.

103 of the 126 samples examined were satisfactory.
These gave a percentage of 81.7.

OTHER THAN ACCREDITED MILK.

50 of the 71 samples were satisfactory—a percentage of 70.4.

The following tabular statement shows the varying degrees of cleanliness found:—

Raw Milk.

Where produced	No. of Samples	Bacterial Count per 1 c.c.				B. Coli Content				No. Unsatisfactory
		Under 5,000	5,000 but not exceeding 50,000	50,000 but not exceeding 200,000	Exceeding 200,000	Absent	Smallest dilution in which found			
							1 c.c.	1/10th c.c.	1/100th c.c.	
Within Borough	74	20 or 27.4%	41 or 55.4%	9 or 12.3%	4 or 5.5%	34 or 46.6%	9 or 12.3%	15 or 20.3%	16 or 21.9%	18 or 24.6%
Outside Borough	81	19 or 23.5%	46 or 56.8%	13 or 16.0%	3 or 3.7%	36 or 44.4%	17 or 20.99%	14 or 17.3%	14 or 17.3%	15 or 18.5%

Milk Supplied to Schools.

Designation	No. of Samples	Bacterial Count per 1 c.c.				B. Coli Content				No. unsatisfactory
		Under 5,000	5,000 but not exceeding 50,000	50,000 but not exceeding 200,000	Exceeding 200,000	Absent	Smallest dilution in which found			
							1. c.c.	1/10th c.c.	1/100th c.c.	
Accredited ...	126	44 or 34.920%	60 or 47.619%	14 or 11.111%	8 or 6.349%	67 or 51.666%	21 or 16.666%	18 or 14.861%	20 or 16.666%	23 or 18.252%
Other than Accredited	71	19 or 26.760%	35 or 49.295%	8 or 11.267%	9 or 12.676%	35 or 49.295%	9 or 12.676%	5 or 7.042%	21 or 29.577%	21 or 29.577%

Milk (Special Designations) Order, 1923 and 1936.

The Milk (Special Designations) Order, 1923, came to an end on 31st May, 1936, and was superseded by the new Order of 1936.

The designations now assigned to milks are :—Tuberculin Tested, Accredited, Pasteurised, and Tuberculin Tested Pasteurised.

The standard of cleanliness under the new Order is as follows :—

Tuberculin Tested	...	To contain not more than 200,000 bacteria per c.c. and no coliform bacillus in 1/100th c.c.
Accredited	...	To contain not more than 200,000 bacteria per c.c. and no coliform bacillus in 1/100th c.c.
Tuberculin Tested (Pasteurised)	...	To contain not more than 30,000 bacteria per c.c.
Pasteurised	...	To contain not more than 100,000 bacteria per c.c.

In addition to the samples of Accredited milk as supplied to schools taken for examination, 93 other samples of milk sold under Special Designations were examined. These were made up as follows :

Certified—Tuberculin Tested—

Produced in the Borough	...	...	24
Produced out of the Borough	...	...	36
Accredited (other than schools)	...	...	14
Pasteurised	...	...	19
TOTAL			93

Certified—Tuberculin Tested.

Of the 24 samples produced in the Borough, 8 were examined prior to 31st May, 1936, and 16 under the altered standards of the new Order.

Each of the 8 samples taken during the first 5 months complied with the requirements of the Order, giving a percentage of 100. Of the remaining 16, 14 complied, giving a percentage of 87.5.

Of the 36 samples produced out of the Borough, 12 were examined prior to 31st May, 1936, and 24 under the new Order.

Each of the 12 samples complied with requirements of the Order, giving a percentage of 100. Of the remainder, 23 complied, giving a percentage of 95.8.

Accredited Milk.

Of the 14 samples of Accredited milk examined, 13 attained the standard laid down in the Order, giving a percentage of 92.8.

Pasteurised Milk.

Of the 19 samples of Pasteurised milk examined, 15 complied with the requirements of the Order, giving a percentage of 78.9.

The following tabular statement shows the varying degrees of cleanliness :—

**Certified (Tuberculin Tested).
Prior to 31st May, 1936.**

Where Produced	No. of Samples	Bacterial Count				B. Coli Content			No. not Com- plying
		Under 1,000	1,000 but not exceeding 10,000	10,000 but not exceeding 30,000	Exceeding 30,000	Absent	Smallest dilution in which found		
							1 c.c.	1/10th c.c.	
Within Borough	8	—	8	—	—	8	—	—	—
Outside Borough	12	5 or 41.666%	6 or 50%	1 or 8.333%	—	11 or 91.666%	1 or 8.333%	—	—

From 1st June, 1936.

Where Produced	No. of Samples	Bacterial Count				B. Coli Content			No. not Com- plying	
		Under 5,000	5,000 but not exceeding 30,000	30,000 but not exceeding 200,000	Exceeding 200,000	Absent	Smallest dilution in which found			
							1 c.c.	1/10th c.c.		1/100th c.c.
Within Borough	16	13 or 81.250%	3 or 18.75%	—	—	9 or 26.25%	4 or 25%	1 or 6.25%	2 or 12.5%	2 or 12.5%
							4 or 16.666%	1 or 4.166%	1 or 4.166%	
Outside Borough	24	16 or 66.666%	6 or 25%	2 or 8.333%	—	18 or 75%	4 or 16.666%	1 or 4.166%	1 or 4.166%	1 or 4.166%

Accredited Milk (other than Schools Supply).

No. of Samples	Bacterial Count			Exceeding 200,000	B. Coli Content			No. Unsatisfactory
	Smallest dilution in which found				Absent	Smallest dilution in which found		
	Under 5,000	5,000 but not exceeding 50,000	50,000 but not exceeding 200,000			1 c.c.	1/10th c.c. 1/100th c.c.	
14	4 or 28.571%	7 or 50%	3 or 21.428%	—	10 or 78.571%	2 or 14.285%	1 or 7.142%	1 or 7.142%

Pasteurised Milk.

No. of Samples	Bacterial Count			B. Coli Content			No. Unsatisfactory	
	Under 5,000	5,000 but not exceeding 50,000	50,000 but not exceeding 100,000	Exceeding 100,000	Absent	Smallest dilution in which found		
						1 c.c.		1/10th c.c. 1/100th c.c.
19	10 or 52.631%	7 or 36.842%	1 or 5.263%	1 or 5.263%	10 or 52.631%	4 or 21.052%	1 or 5.263%	4 or 21.052%

Tubercle Bacilli.

One hundred and sixty samples of milk were examined by the inoculation test for tubercle bacilli.

Evidence of tubercle bacilli was found in 7 of the 160 samples, giving a percentage of 4.4.

Eighty-nine of the samples were from milk produced in the Borough, and 2 of these samples were found to contain tubercle bacilli, giving a percentage of 2.2. Of the remaining 71 samples produced out of the Borough, 5 were found to contain tubercle bacilli, giving a percentage of 7.0.

MEAT INSPECTION.

There are four Private Slaughter Houses in the Borough and one Knacker's Yard, all of which are licensed.

	1914		Jan., 1936		Dec., 1936
Registered					
Slaughterhouses	—	...	—	...	—
Licensed					
Slaughterhouses	13	...	6	...	4

There is also a Public Abattoir, over which constant supervision is kept during killing hours.

The Private Slaughterhouses are visited by the District Inspectors during the usual killing hours.

The number of carcasses condemned wholly or partly was 128 and 694 respectively. These were as follows :—

TABLE XV.
Carcases Wholly or Partly Condemned and Destroyed.

PUBLIC ABATTOIR.						OUTER DISTRICTS.			Grand Total.
Animals.			Wholly.	Partly.	Totals.	Wholly.	Partly.	Totals.	
Cows	...	...	10	7	17	—	—	—	17
Heifers	...	...	10	6	16	1	—	1	17
Bullocks	...	...	14	8	22	1	1	2	24
Calves	...	...	1	—	1	—	—	—	1
Sheep	...	...	23	6	29	1	—	1	30
Pigs	...	...	66	665	731	1	1	2	733
			124	692	816	4	2	6	822

Table XVI.
Showing Classification of Diseases and Conditions found.

PUBLIC ABATTOIR.								OUTER DISTRICTS				
Disease or Condition	Cows	Heifers	Bullocks	Calves	Sheep	Pigs	Totals	Heifer	Bullocks	Sheep	Pigs	Totals
Tuberculosis	12	15	22	—	—	705	754	1	2	—	1	4
Moribund	—	—	—	—	15	4	19	—	—	1	—	1
Bruising	—	—	—	—	10	2	12	—	—	—	—	—
Gangrenous Pneumonia ...	—	—	—	—	1	5	6	—	—	—	—	—
Jaundice	—	—	—	—	—	4	4	—	—	—	—	—
Dropsy	—	—	—	—	1	2	3	—	—	—	1	1
Swine Erysipelas	—	—	—	—	—	3	3	—	—	—	—	—
Acute Septic Mammitis ...	2	—	—	—	—	—	2	—	—	—	—	—
Acute Fever	—	—	—	—	—	3	3	—	—	—	—	—
Pyæmia	—	—	—	—	—	2	2	—	—	—	—	—
Immature	—	—	—	1	—	—	1	—	—	—	—	—
Acute Septic Metritis ...	—	1	—	—	—	—	1	—	—	—	—	—
Jaundice and Dropsy ...	1	—	—	—	—	—	1	—	—	—	—	—
Acute Septic Mammitis and Tuberculosis	1	—	—	—	—	—	1	—	—	—	—	—
Pleurisy and Peritonitis ...	1	—	—	—	—	1	2	—	—	—	—	—
Emaciation	—	—	—	—	1	—	1	—	—	—	—	—
Caseous Lymphadenitis ...	—	—	—	—	1	—	1	—	—	—	—	—
	17	16	22	1	29	731	816	1	2	1	2	6

Table XVII.

The total weight of meat, unsound or unwholesome, and destroyed, was as follows :—

Beef	...	...	...	...	27,964 lbs.
Mutton	...	...	...	...	1,630 lbs.
Pork	...	...	...	...	18,364 lbs.
Veal	...	...	...	...	22 lbs.
Offals	...	...	...	...	27,347 lbs.
Total					75,327 lbs.

Other Articles of Food.

Fish	...	...	...	...	270 lbs.
Tinned Foodstuffs	...	...	...	...	542 tins
Bacon	...	...	...	...	5 lbs.
Rabbits	...	...	...	...	90

TABLE XVIII.
 Shewing the Number of Animals Slaughtered, and also Numbers and Weights of Carcases wholly and partly Condemned in (1) the
 Public Abattoir, and (2) Private Slaughter Houses.

MONTHS.	1-PUBLIC ABATTOIR.										2-PRIVATE SLAUGHTER HOUSES.																	
	ANIMALS SLAUGHTERED.					CARCASES CONDEMNED.					WEIGHT OF CONDEMNED CARCASES					ANIMALS SLAUGHTERED.					CARCASES CONDEMNED.				WEIGHT OF CONDEMNED CARCASES.			
	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Calves.	Sheep.	Pigs.	Totals.	Cattle.	Sheep.	Pigs.	Totals.	Cattle.	Sheep.	Pigs.	Totals.
											Lbs.	Lbs.	Lbs.	Lbs.	Lbs.													
1936																												
January ...	631	95	1839	1133	3698	4	—	10	54	68	2554	—	321	957	3832	58	3	118	142	321	—	—	—	—	Lbs.	Lbs.	Lbs.	Lbs.
February ...	560	91	1640	971	3262	2	—	1	48	51	1389	—	70	1178	2637	58	3	163	75	299	—	—	—	—	—	—	—	—
March ...	538	78	1654	993	3263	5	—	3	71	79	2578	—	175	1854	4607	38	2	93	52	185	—	—	—	—	—	—	—	—
April ...	636	119	2137	1106	3998	5	1	5	60	71	1962	22	320	1635	3939	68	4	202	108	382	1	—	—	—	—	—	—	—
May ...	515	63	1891	816	3285	10	—	1	42	53	3770	—	70	1222	5062	30	2	58	48	138	—	1	—	—	636	—	—	636
June ...	527	56	1970	590	3143	7	—	—	54	61	4160	—	—	1361	5521	56	3	162	60	281	2	—	—	—	—	96	—	96
July ...	598	63	2856	712	4229	5	—	2	63	70	1797	—	124	1088	3009	41	—	146	23	210	—	—	—	—	—	—	—	—
August ...	477	49	2009	627	3162	3	—	1	40	44	1536	—	70	1052	2658	21	—	70	9	100	—	—	—	—	—	—	—	—
September	657	84	2563	1147	4451	—	—	1	91	92	—	—	70	2536	2606	25	2	73	18	118	—	—	1	1	—	—	128	128
October ...	557	83	1850	1073	3563	6	—	—	71	77	2307	—	—	2192	4499	40	1	147	37	225	—	—	—	—	—	—	—	—
November...	575	82	1794	1048	3499	3	—	1	54	58	659	—	70	1333	2062	27	—	72	37	136	—	—	—	—	—	—	—	—
December	728	92	1952	1706	4478	5	—	4	83	92	2300	—	260	1905	4465	44	—	141	60	245	—	—	—	—	—	—	—	—
	6999	955	24155	11922	44031	55	1	29	731	816	25012	22	1550	18313	44897	506	20	1445	669	2640	3	1	2	6	1667	96	140	1903

TUBERCULOSIS ORDER, 1925.

Particulars of Cows slaughtered under the above Order at the Public Abattoir during 1936, and which have been wholly or partly condemned and destroyed.

No. OF COWS SLAUGHTERED ...	...	3
Number wholly condemned ...	...	3
Weight of carcasses wholly condemned ...	...	1521 lbs.

FOOD INSPECTION.

FOOD AND DRUGS (ADULTERATION) ACT, 1928.

Report on Action taken under the above-named Act in the County Borough of Huddersfield during the year 1936.

1.—ARTICLES ANALYSED.

New Milk ...	...	243	Of this number 13 were certified as adulterated.
Butter ...	...	5	
Margarine ...	...	3	
Cream ...	...	15	
Lard ...	...	1	
Tea ...	...	5	
Coffee ...	...	8	
Baking Powder ...	...	3	
Pepper ...	...	4	
Cocoa ...	...	3	
Condensed Full Cream Milk		4	
Condensed Machine Skimmed Milk	...	5	
Dried Milk ...	...	1	
Rum ...	...	2	
Whisky ...	...	2	
Gin ...	...	2	Of this number 1 was certified as adulterated.
Miscellaneous ...	...	61	
Total ...		367	

2.—DETAILS OF SAMPLES REPORTED BY THE PUBLIC ANALYST TO BE ADULTERATED.

No.	Article.	Result of Analysis.	Proceedings.
8	New Milk	Not genuine, but contains at least 2.0% of added water.	Vendor warned by Town Clerk.
25	New Milk	Not genuine, but is deficient in fat to the extent of at least 5%.	Case heard 13th Mar., 1936. Defendant fined £3.
31	New Milk	Not genuine, but contains at least 3.0% of added water.	Vendor warned by Town Clerk.
40	New Milk	Not genuine, but is deficient in fat to the extent of at least 2.0%.	Vendor warned by Town Clerk.

No.	Article.	Result of Analysis.	Proceedings.
52	New Milk	Not genuine, but is deficient in fat to the extent of at least 2.0%.	Vendor warned by Town Clerk.
64	New Milk	Not genuine, but contains at least 2.0% of added water.	Vendor warned by Town Clerk.
80	New Milk	Not genuine, but is deficient in fat to the extent of at least 8.0%.	Vendor warned by Town Clerk.
87	New Milk	Not genuine, but is deficient in fat to the extent of at least 2.0%.	Vendor warned by Town Clerk.
111	New Milk	Not genuine, but is deficient in fat to the extent of at least 5.0%.	Vendor warned by Town Clerk.
114	New Milk	Not genuine, but is deficient in fat to the extent of at least 3.0%.	Vendor warned by Town Clerk.
152	New Milk	Not genuine, but is deficient in fat and non-fatty solids, the deficiency being due to the presence of $\frac{1}{2}$ % of added water. The Hortvet figure also indicates the presence of added water.	Vendor warned by Town Clerk.
155	New Milk	Just below the minimum limit for fat.	Vendor warned by Town Clerk.
229	New Milk	Not genuine, but contains at least 6.0% of added water.	Case heard Jan. 22nd, 1937. Defendant to pay 4/- costs.
119	Gin (Informal)	The sample contains Gin of 35° U.P. strength 96.3 parts, added water 3.7 parts.	Formal sample to be taken.

3.—OFFENCES OTHER THAN ADULTERATION.—None.

4.—LEGAL PROCEEDINGS.

Date	No. of Sample	Offence Charged	Name of Defendant	Result
March 13th, 1936	25	Selling new milk from which had been abstracted at least 5.0% of its fat	R. B.	Fined £3
Jan. 22nd, 1937	229	Selling new milk to which had been added at least 6.0% of water	W. S.	Defendant to pay 4/- costs

INFORMAL PROCEEDINGS.

During the year 124 samples were obtained informally, and submitted to the Public Analyst for analysis. These are included in the foregoing statements.

The nature and number of such samples were as follows :—

Butter	...	...	...	...	...	...	5
Margarine	...	...	...	...	...	...	3
Cream	...	...	...	...	...	...	15
Lard	...	...	...	...	...	...	1
Tea	...	...	...	...	...	...	5
Coffee	...	...	...	...	...	...	8
Baking Powder		...	...	...	...	...	3
Pepper	...	...	...	...	...	...	4
Cocoa	...	...	...	...	...	...	3
Condensed Full Cream Milk	...		...	...	...	...	4
Condensed Machine Skimmed Milk	...		...	...	...	...	5
Dried Milk	...	...	...	...	...	...	1
Rum	...	...	...	...	...	...	2
Whiskey...	...	...	...	...	...	...	2
Gin	...	...	...	...	...	...	2
Miscellaneous	...	...	...	...	...	...	61
Total							124

FOOD EXAMINATION.

The chemical examination of food is carried out in the Laboratory of the Public Analyst, the bacteriological examination in the Public Health Department or at the Bacteriological Department of the Royal Infirmary, depending upon the nature of the examination required.

TABLE XIX.

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE 53 WEEKS ENDED JANUARY 2nd, 1937.

NOTIFIABLE DISEASES		CASES NOTIFIED IN WHOLE DISTRICT													Total Cases notified in each Township						No. of Cases Treated in Hospital from each Township						Total Cases Treated in Hospital							No. of Deaths				
		At All Ages	AT AGES—YEARS												Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	Mill Hill	Royal Infirmary and Green Lea	St. Luke's Hospital	Maternity Home	Private Nursing Homes	Hospitals Outside District	TOTAL	Notified Previous Year	Notified	Not Notified	TOTAL	
			Under 1	1—2	2—3	3—4	4—5	5—10	10—15	15—20	20—35	35—45	45—65	65—75	75 & over																							
Small Pox ...	Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Non-Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Cerebro Spinal Meningitis	Borough ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	2	
	Non-Borough ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	2	
	TOTAL ...	2	2	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	2	—	—	—	—	—	—	—	—	—	—	2	2	—	4	
Diphtheria ...	Borough ...	179	—	3	6	12	10	81	32	12	18	3	2	—	—	46	50	23	18	23	19	46	49	23	18	22	19	176	1	—	—	—	—	177	1	18	2	21
	Non-Borough ...	2	—	—	—	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	—		
	TOTAL ...	181	—	3	6	13	10	81	32	12	19	3	2	—	—	46	50	23	18	25	19	46	49	23	18	24	19	178	1	—	—	—	—	179	1	18	2	21
Erysipelas ...	Borough ...	76	—	1	—	—	1	2	1	—	14	14	31	2	10	14	18	19	8	13	4	9	6	5	3	8	4	24	1	10	—	—	—	35	—	9	3	12
	Non-Borough ...	5	—	—	—	—	—	—	—	—	2	1	2	—	—	2	—	—	—	5	—	—	—	—	—	5	—	5	—	—	—	—	—	5	—	2	2	
	TOTAL ...	81	—	1	—	—	1	2	1	—	16	16	32	4	10	14	18	19	8	18	4	9	6	5	3	13	4	29	1	10	—	—	40	—	11	3	14	
Scarlet Fever	Borough ...	214	1	5	11	10	14	77	49	14	28	4	1	—	—	32	51	33	35	37	26	29	46	32	34	31	26	198	—	—	—	—	—	198	—	2	—	2
	Non-Borough ...	5	—	1	—	—	1	—	—	—	1	—	—	—	—	—	—	—	—	4	—	—	—	—	—	1	—	5	—	—	—	—	—	5	—	—	—	
	TOTAL ...	219	1	6	11	10	15	78	49	14	29	5	1	—	—	32	51	33	36	41	26	29	46	32	35	35	26	203	—	—	—	—	—	203	—	2	—	2
Enteric Fever	Borough ...	4	—	—	—	—	—	1	—	—	2	—	1	—	—	1	—	1	1	1	—	1	—	1	1	1	—	4	—	—	—	—	—	4	—	—	—	
	Non-Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	4	—	—	—	—	—	1	—	—	2	—	1	—	—	1	—	1	1	1	—	1	—	1	1	1	—	4	—	—	—	—	—	4	—	—	—	
Encephalitis Lethargica	Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Non-Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Puerperal Pyrexia	Borough ...	21	—	—	—	—	—	—	—	—	4	15	2	—	—	3	2	6	4	5	1	1	—	4	4	4	1	—	12	2	—	—	—	14	—	*2	—	*2
	Non-Borough ...	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—		
	TOTAL ...	23	—	—	—	—	—	—	—	—	6	17	2	—	—	3	2	6	4	7	1	1	—	4	4	6	1	—	14	2	—	—	—	16	—	†1	†3	
Puerperal Fever	Borough ...	3	—	—	—	—	—	—	—	—	3	—	—	—	—	1	1	—	—	1	1	1	—	—	—	1	—	3	—	—	—	—	—	3	—	—	2	2
	Non-Borough ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	—	—		
	TOTAL ...	4	—	—	—	—	—	—	—	—	4	—	—	—	—	1	1	—	—	1	1	1	—	—	—	1	—	4	—	—	—	—	—	4	—	2	2	
Pneumonia	Borough ...	134	3	9	8	6	1	16	4	3	26	17	30	8	3	34	23	25	20	20	12	9	2	4	—	2	4	—	10	10	—	1	—	21	—	25	80	105
	Non-Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	134	3	9	8	6	1	16	4	3	26	17	30	8	3	34	23	25	20	20	12	9	2	4	—	2	4	—	10	10	—	1	—	21	—	25	80	105
Diarrhoea (in Infants under 5)	Borough ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1	1	
	Non-Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	1	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—		
Ophthalmia Neonatorum	Borough ...	9	9	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	3	1	2	1	2	—	—	1	—	—	—	2	2	1	—	—	3	—	—	—
	Non-Borough ...	3	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	12	12	—	—	—	—	—	—	—	—	—	—	—	—	4	1	—	4	2	1	2	—	—	—	—	—	—	2	3	1	—	—	6	—	—	—	
Malaria ...	Borough ...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	
	Non-Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	1	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Dysentery ...	Borough ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	Non-Borough ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
Polio-Encephalitis	Borough ...	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—		
	Non-Borough ...	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
	TOTAL ...	2	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—		
TOTAL ...	Borough ...	644	15	18	25	28	26	177	87	33	106	40	66	10	13	135	146	110	90	99	64	98	104	71	62	68	55	403	28	25	1							

TABLE XXI.

Number of Notifications of Infectious Diseases
received in the years 1927 to 1936.

Disease	1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
Small-pox ...	56	117	45	76	—	—	—	—	—	—
Scarlet Fever ...	361	441	531	236	98	114	835	736	448	219
Diphtheria ...	230	264	355	286	135	116	547	492	294	181
Enteric Fever (including Paratyphoid)	24	15	12	9	4	5	3	3	4	4
Puerperal Fever ...	9	3	—	4	3	2	4	8	9	4
Puerperal Pyrexia ...	14	16	21	17	23	42	31	31	13	23
Pneumonia ...	212	146	210	199	214	107	170	127	159	134
Cerebro-Spinal Meningitis ...	2	1	1	4	4	4	1	3	2	1
Ophthalmia Neonatorum ...	28	22	20	18	20	14	16	14	9	12
Encephalitis Lethargica ...	2	3	4	—	5	1	—	2	—	—
Acute Polio-myelitis	—	2	1	1	1	3	1	2	—	—
Erysipelas ...	45	49	62	97	42	38	76	83	66	81
Diarrhoea (in Infants under 5 years of age)	2	4	8	7	—	6	2	5	2	1
Dysentery ...	—	—	—	—	—	—	—	—	1	1
Anthrax ...	—	—	—	—	—	—	—	—	—	—
Pemphigus Neonatorum ...	—	3	—	3	—	—	—	—	—	—
Malaria ...	—	—	—	—	—	—	—	—	—	1
Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	2
Pulmonary Tuberculosis ...	167	143	135	154	220	172	152	133	109	106
Other forms of Tuberculosis ...	69	66	78	72	63	66	62	33	39	46
Total ...	1221	1295	1483	1183	832	690	1900	1672	1155	816

TABLE XXII.

Analysis of Notifications, 1936.

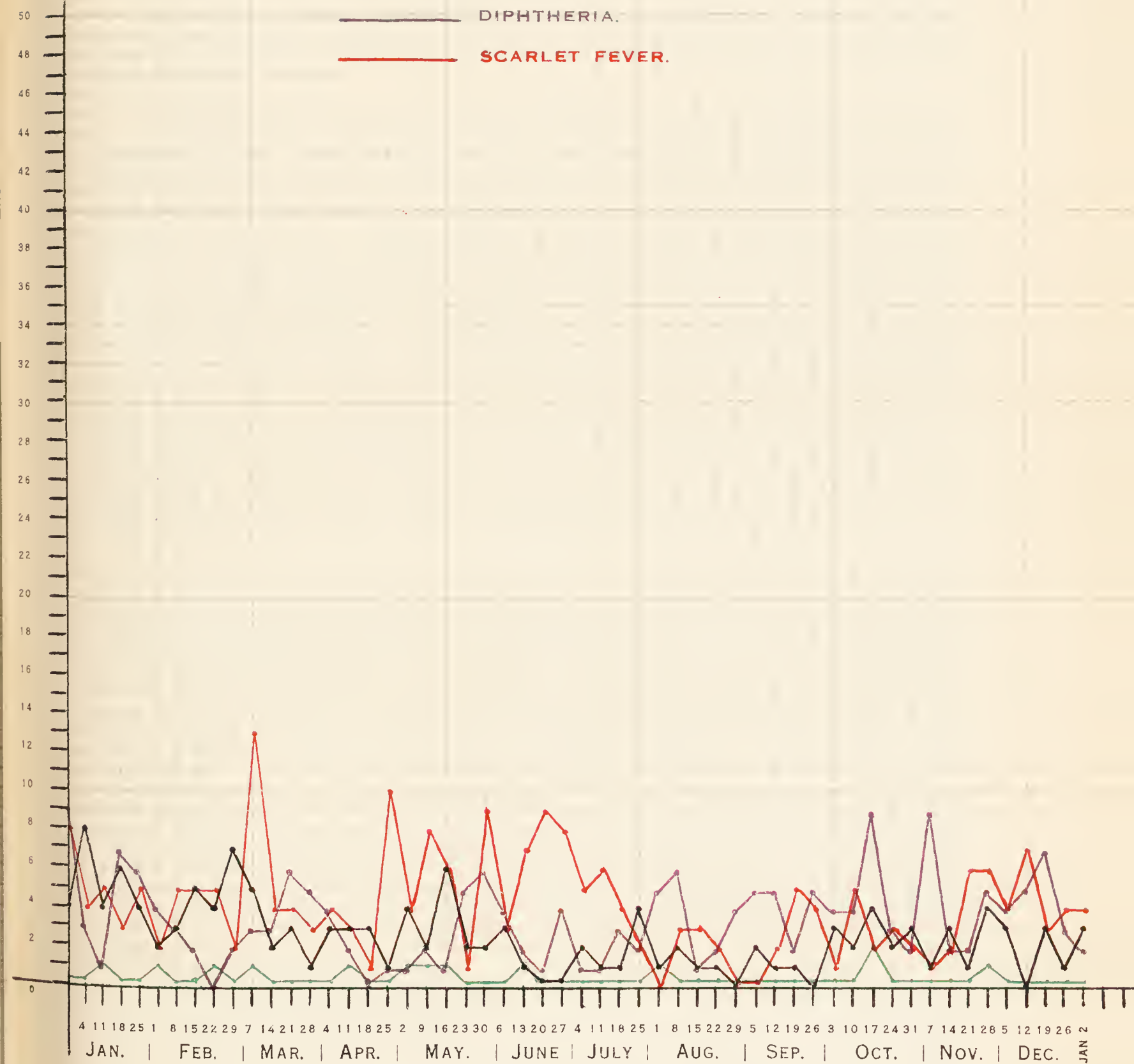
Disease	Jan.	Feb.	Mar.	Apr.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
Small-pox ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Cerebro-Spinal Meningitis ...	—	—	—	1	—	—	—	—	—	—	—	—	1
Diphtheria ...	17	9	19	7	9	17	7	14	21	20	15	26	181
Erysipelas ...	6	10	7	4	5	10	8	5	9	4	2	11	81
Scarlet Fever ...	17	17	26	18	19	36	17	8	11	11	11	28	219
Enteric Fever (including Paratyphoid) ...	—	—	—	—	—	1	—	1	1	—	1	—	4
Encephalitis Lethargica ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Puerperal Pyrexia ...	3	3	4	1	1	2	1	2	3	1	1	1	23
Puerperal Fever ...	—	—	—	—	1	—	—	—	1	1	1	—	4
Pneumonia ...	22	14	18	10	14	6	8	5	4	11	8	14	134
Diarrhoea (in Infants under 5 years of age) ...	—	—	—	—	—	—	—	1	—	—	—	—	1
Ophthalmia Neonatorum ...	—	—	1	1	1	1	—	1	4	1	1	1	12
Malaria ...	—	—	1	—	—	—	—	—	—	—	—	—	1
Dysentery ...	—	—	—	—	—	—	—	—	1	—	—	—	1
Acute Polio-Encephalitis ...	—	—	—	—	—	—	—	—	—	2	—	—	2
Pulmonary Tuberculosis ...	8	8	10	17	5	15	4	4	13	4	6	12	106
Other forms of Tuberculosis	2	3	4	6	3	4	7	2	8	—	4	3	46
Total ...	75	64	90	65	58	92	52	43	76	55	50	96	816

TABLE XXIII.
CASES OF OPHTHALMIA NEONATORUM,
notified during the year 1936.

CASES.			Vision Unimpaired	Vision Impaired.	Total Blindness.	Deaths.
Notified.	TREATED.					
	At Home.	In Hospital.				
12	6	6	12	—	—	—

NOTIFICATIONS 1936.

— ALL KINDS PNEUMONIA.
 — INFLUENZAL PNEUMONIA.
 — DIPHTHERIA.
 — SCARLET FEVER.



1936

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

A complete list of all the cases of infectious diseases notified during the year is given in Table XIX. Included in this Table are the age and ward distribution of the cases notified, the numbers treated in hospital and the number of deaths caused by the various diseases.

This Table demonstrates the well known fact that Diphtheria and Scarlet Fever are most prevalent in the 5-10 age group, whilst diseases like Erysipelas and Pneumonia occur most frequently in the 45-65 group. It shows that during the past year although the greatest number of cases of both Diphtheria and Scarlet Fever occurred in the Dalton area, there was, generally speaking, a fairly uniform distribution throughout the six townships of the Borough.

Table XX. deals particularly with the numbers of cases treated in the Borough Isolation Hospital, distinguishing Borough from Non-Borough cases.

Distinction is made in these two Tables (XIX. and XX.) between Borough cases, Non-Borough cases, and cases from outside districts. A Non-Borough case is a case which was resident inside the County Borough at the time of notification, but whose home address is situated elsewhere. Cases from outside districts are those treated at the request of the Medical Officer of Health for the district concerned. The Tables show that 5 cases of Scarlet Fever, 2 of Diphtheria, 1 Diphtheria Carrier, 1 of Measles, and 5 of Erysipelas—a total of 14 Non-Borough cases—were treated at the Isolation Hospital during the year. All of these patients were received from the Huddersfield Royal Infirmary. No payment is received for treatment in cases of this kind, for in accordance with the Public Health (Treatment of Infectious Diseases) Regulations of 1934, Local Authorities are expected to deal with such cases on the same lines as they would deal with patients who reside ordinarily within the Borough.

Case shown under the heading of "Outside Districts" include those sent in by the Superintendent or Secretary of a neighbouring Isolation Hospital when the accommodation has become insufficient to meet the demands for the areas usually served by that hospital. In the early part of the year 5 cases (4 of Diphtheria and 1 of Scarlet Fever) were accepted on behalf of the Colne and Holme Joint Hospital Board. The only other "outside district" case dealt with during the year was an observation case, believed at the time of admission to be a case of Diphtheria, received from the Linthwaite area. This case was accepted in error, as it was believed at the time that the address was situated within the Borough, and so no payment was received for the treatment of this case. The maintenance charges for the other 5 cases were paid by the Colne and Holme Joint Hospital Board.

Table XXI. gives the notifications of infectious diseases received in the Borough during the past ten years. It will be observed that the numbers of cases of Diphtheria and of Scarlet Fever reported last year were approximately half the numbers recorded in the previous year and only about one-quarter and one-third respectively the numbers notified in 1933 when the prevalence of both diseases was exceptionally high.

Table XXII. shows the monthly distribution of the notifications received during the year. As one would expect, Diphtheria and Pneumonia were slightly less prevalent during the summer months than in the winter, but when all the notifications received are added together they show a fairly uniform distribution. Actually the highest number of notifications was received in December and the lowest in August.

The weekly distribution of notifications relating to Scarlet Fever, Diphtheria, Pneumonia (all forms), and Influenzal Pneumonia is shown diagrammatically on page 93.

Case Rate.

The following figures show the incidence of the notifiable infectious diseases which occurred locally as compared with England and Wales as a whole :—

Disease	Case rate in England and Wales	Case rate in Huddersfield
Small-pox ...	0.00	0.00
Scarlet Fever ...	2.53	1.90
Diphtheria ...	1.39	1.57
Enteric Fever ...	0.06	0.03
Puerperal Fever ...	Not known	0.03
Puerperal Pyrexia ...	Not known	0.20
Erysipelas ...	0.40	0.70
Pneumonia ...	1.11	1.16

It will be observed that the incidence of Scarlet Fever was somewhat below the average whilst that of Diphtheria was slightly above. The case rate of Erysipelas was high and for some unknown reason has continued high for the past few years.

Small-pox.

For the sixth year in succession the Borough has been quite free from Small-pox.

Scarlet Fever.

The number of cases of Scarlet Fever notified was 229 less than in 1935 and 517 less than in 1934. With the falling incidence rate, infection continued mild in type, so that complications, in the cases treated, were few in number and the death rate was low. Of the 219 cases notified, 203, or 92.7 per cent., were treated in the Isolation Hospital.

There is a tendency in some districts at the present time for a steadily increasing number of cases of Scarlet Fever to be treated in their own homes, but there are few houses in which a case showing any degree of severity can be nursed so well, or where the spread of infection can be so adequately controlled, as does happen when the infected person is removed to hospital. In one of the few cases nursed at home during the past year ear trouble developed as a complication ; this led to Mastoiditis, which was followed by Meningitis and death.

There was only one death amongst the 203 patients treated in hospital. In this case Laryngitis and Tracheitis of a severe and protracted type developed.

Diphtheria.

The number of cases of Diphtheria notified was 113 less than in the previous year and almost a third of those notified in 1934.

Of the 181 cases notified 179, or 98.9 per cent., were treated in hospital. Of these, 178 were dealt with at Mill Hill Isolation Hospital. The other case was treated at the Royal Infirmary. Here the diagnosis of Diphtheria was not made until a very late stage of the illness after the patient had been admitted to the Infirmary on account of cardiac weakness. By the time the true cause of the condition was recognised the patient was too weak to bear the strain of a further journey to the Isolation Hospital.

It has been stated above that treatment of Scarlet Fever patients in hospital is advisable; in the case of Diphtheria it is almost a necessity. The two cases nursed at home last year were both mild cases and made good progress, but generally speaking a patient suffering from Diphtheria cannot be nursed at home in a satisfactory manner. The toxin of the Diphtheria bacillus has a paralysing effect upon muscles, particularly upon the muscle of the heart, and the patient's appearance after, say, the first week of illness gives no indication to the inexperienced eye of the severity of the infection or of the damage done. For that reason the good nursing and insistence upon rest which are so essential for a poisoned heart may in the home be considered unnecessary and the result in consequence may be serious.

During the year there were 21 deaths from Diphtheria, giving a mortality rate of 11.6. This is a comparatively high mortality rate, but it is in keeping with the clinical appearances of the majority of the cases admitted, for although there has been a decided and very welcome fall in the incidence rate, the gravis type of infection is still the prevailing type, and this gives rise to a most dangerous disease amongst those who have not been immunised to protect them against it.

There were again no deaths during the year amongst children who had been immunised.

Enteric Fever.

The number of cases of Enteric Fever notified (4) was exactly the same as in the previous year. In 1935, two of the cases were of the Paratyphoid type, but all last year's cases were infections by the *Bacillus Typhosis*.

In spite of extensive enquiries no connection between any of the 4 cases could be ascertained. Indeed it is extremely unlikely that there was a common source of infection, for none of the patients knew any of the others, they lived in widely scattered parts of the Borough (Almondbury, Paddock, Birchencliffe, Crosland Moor) and their illnesses began at entirely different times. One case occurred in May, one in August, one six weeks later in September, and the last case occurred in November. One is forced to assume that the infection must have been picked up from four different sources, and yet if this were so it is difficult to understand why each source did not give rise to more cases seeing that the infection was virulent to at least one person. The respective ages of the 4 patients were twenty-three years, fifty years, twenty-six years and five years.

Puerperal Fever and Pyrexia.

(a) Puerperal Pyrexia.

Twenty-three notifications were received, being 10 more than in the previous year, but 8 less than in 1934. Of the 23 cases, 2 were Non-Borough cases and 21 were Borough patients. Sixteen of the 23 were treated in hospital, and there were altogether 3 deaths—2 amongst the Borough cases and 1 in the Non-Borough cases.

(b) Puerperal Sepsis.

Notifications of this condition numbered 4, including 1 Non-Borough case notified under the new regulations. All of these patients were treated in hospital and recovered. There were 2 deaths attributable to Puerperal Septicæmia, but in neither case had the condition been notified. In one case the infection had resulted from an abortion and in the second the illness began so long after confinement that the practitioner in charge did not consider that the Toxæmia could have been associated with any uterine infection.

Pneumonia.

The notifications of this disease numbered 134, compared with 159 in 1935, and the deaths attributable were 105, being just one less than in the previous year.

Pneumonia is one of those diseases in which the number of notifications received represents only a small proportion of the number of cases which actually occur. Notification is required by law just in the same way as it is required for Small-pox or Diphtheria, but so little assistance is given as a rule in such cases by the Local Authority that the necessity for notification is often overlooked. Of the 105 patients who died from the disease last year only 25 had been officially notified.

Erysipelas.

The number of notifications received was 81, being 15 more than in the previous year. This number includes 5 Non-Borough cases notified under the new regulations. Forty of the patients were treated in hospital, and altogether there were 12 deaths, including 3 in which the condition had not been notified prior to death. In 8 of the cases in which death occurred Erysipelas was merely the terminal phase of some other condition of a serious and more chronic type, such as malignant disease, diabetes, &c.

Cerebro-spinal Meningitis.

There was only one notification of this disease during the year, the patient being a baby six months old, who died on the day following admission to hospital. One other death occurred during the year. In this case the patient—a boy of seven years—had been admitted to the Isolation Hospital in December of the previous year. For a time the condition seemed to respond to treatment, but there was a relapse and he succumbed two months after the onset of symptoms.

Acute Polio-myelitis.

Two cases of this disease were notified, both having been notified from the Royal Infirmary. One was a boy age four years admitted from Slaithwaite to the Royal Infirmary on account of a right sided paralysis. He was suffering from the condition on admission, but as the diagnosis of Polio-myelitis was not made until after admission, the notification has to be included in the Huddersfield returns. Death resulted in this case. The other case notified was a boy of 13, who ordinarily resided in the Borough. In this case paralysis was confined to the palate and this cleared up under treatment.

Encephalitis Lethargica.

No notifications of this disease were received, but 2 deaths were recorded. These referred to patients who had suffered from the disease many years previously, neither of which had been notified. In one of these the actual cause of death was septicæmia resulting from cellulitis of the face, but as Encephalitis Lethargica was mentioned also on the death certificate the death is classified by the Registrar General to this cause.

Diarrhœa.

Only 1 notification was received during the year. The patient—a baby six weeks old—was treated in hospital and recovered.

Table XIX. shows that one death is included under this heading, but the case had not been officially notified. The patient was a baby only two days old at the time of death, and the condition of Gastro-enteritis which developed was associated with convulsions and not apparently due to any infection.

Dysentery.

One case of Bacillary Dysentery (Gærtner) was notified. This was a Non-Borough case notified under the new regulations. The patient resided at Netherton but was admitted to a private Nursing Home in the Borough for treatment. Because the nature of the infection was not recognised until the patient had been admitted to the Nursing Home, the notification had to be recorded in the official returns of the Borough.

Malaria.

One case of primary Malaria was notified—a case which unfortunately resulted in death. Some years ago the only cases of primary Malaria which ever occurred in this country were those produced artificially as a therapeutic measure in the treatment of certain diseases of the nervous system, but now, with the opportunity which exists for rapid transport by air from one country to another, a person may be infected abroad and reach his own home in this country within the incubation period of the disease. In the case here referred to the patient was infected in Rhodesia and had been at his own home in Huddersfield three days before the first symptoms of the disease appeared.

Immunisation.

As the older children of the Borough have all previously been offered immunisation, attention is now concentrated upon the young. Immunisation is offered free of charge for all infants as they become three years of age, and every entrant to school is given an immunisation form to take home to his or her parents offering this protection if it has not already been accepted. During the year the number of children immunised was 787.

Non-notifiable Infectious Diseases.

The following table records the monthly distribution of cases of the common (non-notifiable) infectious diseases reported during the year :—

Month	Measles	German Measles	Whooping Cough	Mumps	Chicken Pox	Influenza	Total
January	42	—	2	2	16	9	71
February	183	9	16	12	28	10	258
March	450	4	14	19	8	1	496
April	169	4	11	16	3	—	203
May	77	10	5	13	15	—	120
June	68	5	21	57	11	—	162
July	7	1	23	53	32	—	116
August	1	—	38	12	6	—	57
September	6	—	17	14	11	—	48
October	28	—	49	53	16	—	146
November	6	—	39	30	59	2	136
December	12	—	31	33	19	—	95
TOTAL	1049	33	266	314	224	22	1908

TABLE XXIV.
DEATHS FROM TUBERCULOSIS.

Occupations and Sex of Tuberculous Persons in Huddersfield.

Occupation	1932		1933		1934		1935		1936		Total		Av. Death Rate per 1,000 for past 5 years.
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
Agricultural Workers	—	—	—	—	—	—	—	—	1	—	1	—	0.25
Metal Workers ...	1	—	4	—	—	—	3	—	—	—	8	—	0.30
Transport Workers	2	—	3	—	4	—	—	—	2	—	11	—	0.61
Commercial Occupations ...	2	1	9	—	7	—	9	2	4	1	31	4	0.62
Household Duties (includes House- wives, Domestics, etc.)	7	21	16	31	14	30	16	21	15	15	68	118	0.64
Retired or not gain- fully Occupied													
Too Young for Occupation													
Textile Workers ...	11	5	8	1	8	6	7	10	7	7	41	29	0.74
Building Trades (includes Quarry- workers) ...	2	—	3	—	2	—	4	—	1	—	12	—	0.74
Clerks, Typists and Draughtsmen ...	2	1	3	2	2	1	—	—	1	—	8	4	0.77
Unspecified Trades ...	11	3	9	—	11	3	8	—	5	—	44	6	1.73
Chemical Workers ...	2	—	5	—	1	—	—	—	—	—	8	—	2.1
Engineering Trades...	5	—	4	—	2	—	—	—	4	—	15	—	2.41
Total ...	45	31	64	34	51	40	47	33	40	23	247	161	

TABLE XXV.
CASES OF TUBERCULOSIS NOTIFIED.
53 weeks ended 2nd January, 1937.

Age periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	1
1 & under 5 yrs	1	—	7	5	—	—	2	2
5 „ 10 „	4	8	8	3	—	—	1	—
10 „ 15 „	2	4	1	3	—	—	—	—
15 „ 20 „	2	6	1	2	3	4	—	—
20 „ 25 „	9	4	1	2	3	5	—	—
25 „ 35 „	13	15	1	5	8	2	1	1
35 „ 45 „	10	3	3	—	2	3	—	—
45 „ 55 „	11	5	1	1	12	3	1	—
55 „ 65 „	4	1	—	1	4	1	—	—
65 & upwards	2	2	—	1	3	1	—	—
Total at all ages	58	48	23	23	35	19	5	4

TABLE XXVI.
DEATHS FROM TUBERCULOSIS.
Periods between Notification and Death.

Age Periods	Died prior to notification	Under 1 month	1—3 months	3—6 months	6—12 months	Total under 1 year	1—2 years	2—4 years	4 years and over	Grand Total
Under 1 year ...	1	—	—	—	—	1	—	—	—	1
1 to 15 years ...	2	2	1	—	—	5	—	—	—	5
15 to 25 years ...	1	2	3	4	1	11	1	3	—	15
25 to 45 years ...	3	3	—	—	—	6	5	2	4	17
45 to 65 years ...	4	3	—	4	3	14	—	3	4	21
Over 65 years ...	1	2	—	1	—	4	—	—	—	4
Total ...	12	12	4	9	4	41	6	8	8	63

TABLE XXVII.
NEW CASES OF TUBERCULOSIS
(Other than formal notifications.)
53 weeks ended January 2nd, 1937.

Age Periods	Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.
Under 1 year ...	—	—	—	1
1 and under 5 yrs.	—	—	1	—
5 „ 10 „	—	—	1	1
10 „ 15 „	1	—	—	1
15 „ 20 „	2	—	—	—
20 „ 25 „	—	1	—	—
25 „ 35 „	1	1	1	—
35 „ 45 „	1	1	—	—
45 „ 55 „	2	2	1	—
55 „ 65 „	1	—	—	—
65 and upwards ...	1	—	—	—
Total at all ages ...	9	5	4	3

Source of Information.

	No. of Cases	
	Pulmonary	Non-Pulmonary
Death Returns—		
From local Registrars	3	3
Transferable deaths from Registrar-General	4	—
Posthumous notifications	—	2
“ Transfers ” from other areas (other than transferable deaths)	7	2
Other sources if any (specify)	—	—

TUBERCULOSIS SCHEME OF THE HUDDERSFIELD COUNTY BOROUGH COUNCIL.

TABLE XXVIII.

RETURN FOR THE YEAR 1936.

(A) Return showing the work of the Dispensary.

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL.	
	Adults.		Children.		Adults.		Children.		Adults.		Children.			
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.		
A.—NEW CASES examined during the year (excluding contacts) :—														
(a) Definitely tuberculous ...	46	30	4	5		6	11	13	9	52	41	17	14	124
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	3	—	1	5
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	36	39	12	13	109
B.—CONTACTS examined during the year :—														
(a) Definitely tuberculous ...	1	2	3	7	—	—	—	—	—	1	2	3	7	13
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—
(c) Non-tuberculous ...	—	—	—	—	—	—	—	—	—	23	34	38	24	119
C.—CASES written off the Dispensary Register as														
(a) Recovered ...	7	7	8	8	5	3	3	3	3	12	10	11	11	44
(b) Non-tuberculous (including any such cases previously diagnosed and entered on the Dispensary Register as tuberculous) ...	—	—	—	—	—	—	—	—	—	59	79	51	38	227
D.—NUMBER OF CASES on Dispensary Register on December 31st :—														
(a) Definitely tuberculous... ..	220	196	62	55	44	42	51	42	42	264	238	113	97	712
(b) Diagnosis not completed ...	—	—	—	—	—	—	—	—	—	1	3	—	1	5

1. Number of cases on Dispensary Register on January 1st, 1936 ...	729	2. Number of cases transferred from other areas and cases returned after discharge under Head 3 in previous years ...	...	9
3. Number of cases transferred to other areas, cases not desiring further assistance under the scheme, and cases "lost sight of" ...	64	4. Cases written off during the year as Dead (all causes) ...	...	47
5. Number of attendances at the Dispensary (including contacts) This figure includes 691 attendances at the Ultra Violet Ray Clinic.	4492	6. Number of Insured Persons under Domiciliary Treatment on the 31st December, 1936 ...	...	21
7. Number of consultations with medical practitioners :— (a) Personal ... (b) Other ...	51 545	8. Number of visits by Tuberculosis Officers to homes (including personal consultations) ...	...	198
9. Number of visits by Nurses or Health Visitors to homes for Dispensary purposes ...	1468	10. Number of :— (a) Specimens of sputum, etc., examined ... (b) X-ray examinations made in connection with Dispensary work	...	886 744
11. Number of "Recovered" cases restored to Dispensary Register, and included in A(a) and A(b) above ...	—	12. Number of "T.B. plus" cases on Dispensary Register on December 31st, 1936 ...	...	162

(B) Number of Dispensaries for the treatment of Tuberculosis (excluding centres used only for special forms of treatment).

Provided by the Council ... One.

TABLE XXX.

(G) Return showing the immediate results of treatment of definitely tuberculous patients discharged during the year from Institutions approved for the treatment of Tuberculosis.

Classification on Admission to the Institution	Condition at time of discharge.	Duration of Residential Treatment in the Institution.															Grand Totals.
		Under 3 months but exceeding 28 days			3-6 months.			6-12 months.			More than 12 months.			Totals.			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	3	3	2	5	3	4	6	—	—	3	6	6	17	29
	Not quiescent	6	4	—	1	—	—	—	1	—	1	—	—	8	5	—	13
	Died in Institution	—	1	—	1	1	—	—	—	—	—	—	—	1	2	—	3
	Class T.B. plus.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Group 1.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	—	—	—	—	2	—	—	—	—	—	2	—	—	2
	Not quiescent	—	1	—	—	—	—	—	—	—	3	1	—	3	2	—	5
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Group 2.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Quiescent	—	—	—	1	—	—	1	4	—	1	1	—	3	5	—	8	
Not quiescent	2	—	—	11	3	—	3	4	—	3	1	—	19	8	—	27	
Died in Institution	2	1	—	3	—	—	2	1	—	2	1	—	9	3	—	12	
NON-PULMONARY TUBERCULOSIS.	Class T.B. plus.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Group 3.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	1	—	—	—	—	1	—	—	—	—	—	2	—	—	2	2
	Died in Institution	2	—	—	—	—	—	—	—	—	—	—	2	—	—	2	2
	TOTALS (pulmonary)	13	7	3	20	6	5	12	14	6	10	4	3	55	31	17	103
	Bones and Joints.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	—	1	—	—	—	—	1	2	2	4	3	2	5	10
	Not quiescent	—	—	—	—	—	1	—	—	—	—	—	—	1	—	—	1
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-PULMONARY TUBERCULOSIS.	Abdominal.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	1	—	1	—	—	1	2	—	—	5	—	2	8	10
	Not quiescent	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1	1
	Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
	Other Organs.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	—	—	—	—	—	—	—	1	—	—	1	—	—	1
	Not quiescent	3	—	—	—	—	—	—	—	—	—	—	3	—	—	3	3
	Died in Institution	—	—	—	1	—	—	—	—	—	—	—	—	1	—	—	1
	Peripheral Glands.	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
	Quiescent	—	—	—	—	1	—	—	2	—	—	—	—	—	3	—	3
Not quiescent	—	—	—	—	1	—	—	—	—	—	—	—	—	1	—	1	
Died in Institution	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
TOTALS (non-pulmonary)	3	—	2	1	2	2	1	1	5	2	3	9	7	6	18	31	

Supplementary Annual Return showing in summary form (a) the condition at the end of 1936 of all patients remaining on the Dispensary Register ; and (b) the reasons for the removal of all cases written off the Register

[illegible]

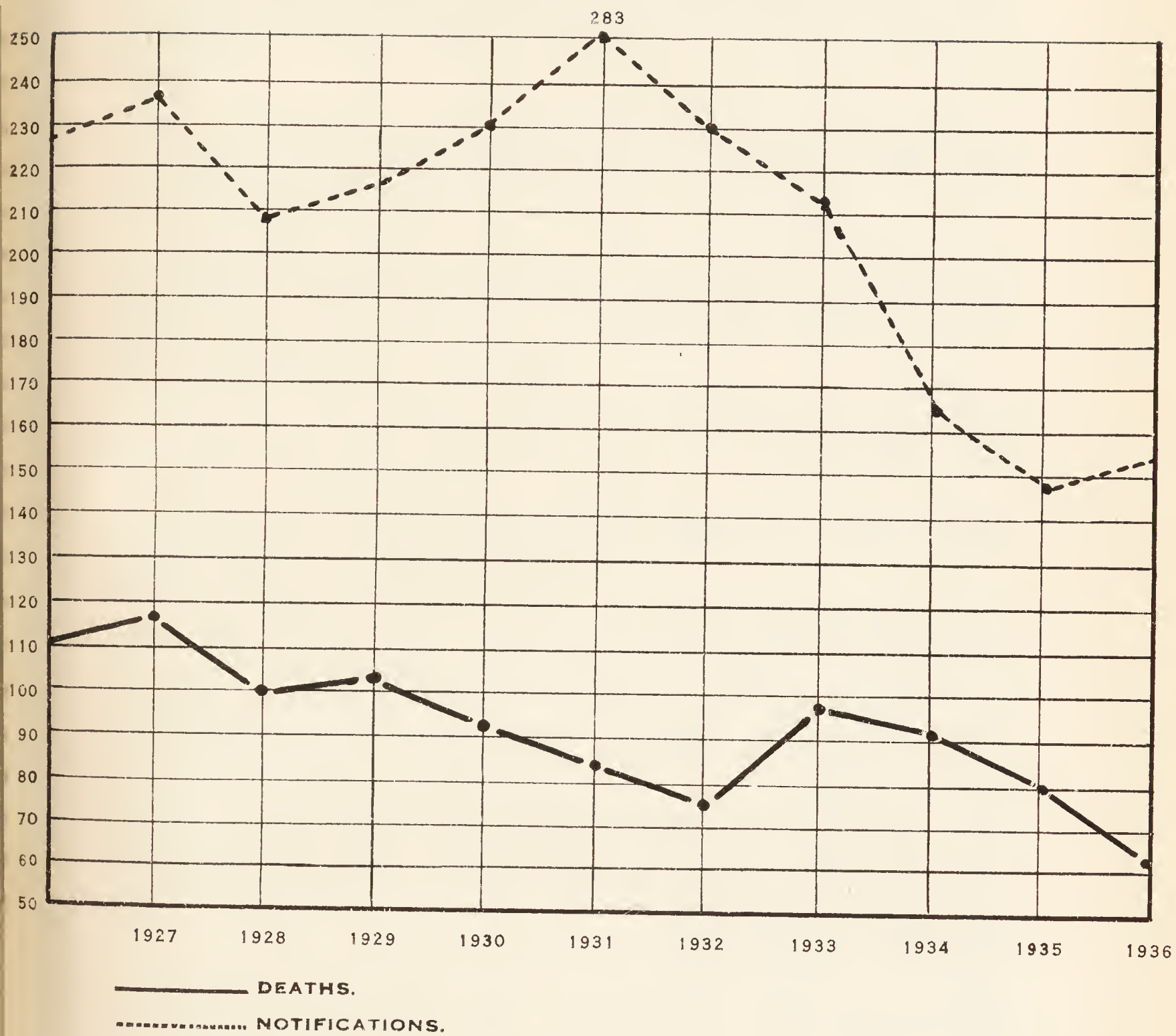
TABLE XXXII.

Cases of Tuberculosis notified during the 53 weeks ended January 2nd, 1937.

NOTIFIABLE DISEASE	Cases notified in whole District										Total Cases notified in each Township						No. of Cases removed to sanatorium from each Township						Total Cases removed to the Sanatorium from inside the Borough
	At Ages—Years										Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	Central	Dalton	Almondbury	Lockwood	Lindley	Moldgreen	
	Under 1	1 to 5	5 to 10	10 to 15	15 to 20	20 to 25	25 to 35	35 to 45	45 to 55	55 to 65														65 and over
Tuberculosis.	PULMONARY—	51	—	—	—	2	9	13	10	11	4	23	6	7	3	3	15	8	3	3	4	3	36
	Adult M. ...	36	—	—	—	6	4	15	3	5	1	15	8	2	9	4	8	4	5	4	5	—	23
	Adult F. ...	7	1	4	2	—	—	—	—	—	—	2	—	1	3	—	3	—	2	1	2	1	9
	Child M. ...	12	—	8	4	—	—	—	—	—	—	7	1	—	3	1	6	1	1	2	2	10	
	Child F. ...	106	1	12	6	8	13	28	13	16	5	47	15	10	17	8	32	13	7	9	13	4	78
Non-Pulmonary—	Adult M. ...	7	—	—	—	1	1	3	3	1	—	3	1	—	2	—	3	—	—	—	1	—	4
	Adult F. ...	12	—	—	—	2	5	—	—	1	1	4	3	1	3	1	—	—	—	—	1	—	2
	Child M. ...	16	7	8	1	—	—	—	—	—	—	6	4	2	4	1	—	1	—	—	2	—	6
	Child F. ...	11	5	3	3	—	—	—	—	—	—	5	1	1	1	—	3	3	2	1	—	9	
	TOTAL ...	46	12	11	4	3	6	3	2	1	1	18	9	4	10	2	7	4	3	1	4	2	21
OBSERVATION—	Adult M. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	—	—	—	—	—	3
	Adult F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	2	—	—	5
	Child M. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	1	1	—	4
	Child F. ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	1	—	2	2	1	5
	TOTAL ...	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	7	3	2	2	2	1	17
TOTAL ...	...	152	13	23	10	11	16	34	16	18	6	5	65	24	12	27	10	46	20	12	19	7	116

TABLE XXXIII.
No. of Cases of Tuberculosis Treated in Hospital.

	ADULTS.										CHILDREN.										GRAND TOTAL					
	Pulmonary					Non-Pulmonary					Observation Pulmonary					Non-Observation Pulmonary						TOTAL				
	M.	F.	M.	F.	TOTAL	M.	F.	M.	F.	TOTAL	M.	F.	M.	F.	TOTAL	M.	F.	M.	F.	TOTAL						
No. in Hospital on December 28th, 1935	22	17	3	4																						
Bradley Wood San.																										
Mill Hill Hospital ...	9	5	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Royal Infirmary ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
TOTAL ...	31	22	3	5	27	34	1	9	7	21	6	6	6	6	27	6	6	9	7	13						
No. since Admitted	36	23	4	2																						
Bradley Wood San.																										
Mill Hill Hospital ...	23	15	—	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Royal Infirmary ...	—	—	6	9	9	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
TOTAL ...	59	38	10	14	58	71	6	6	9	30	9	10	4	4	24	20	24	20	24	24						
No. Discharged	34	18	5	5																						
Bradley Wood San.																										
Mill Hill Hospital ...	14	12	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Royal Infirmary ...	—	—	6	8	8	6	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
TOTAL ...	48	30	11	14	50	61	6	11	8	28	9	9	4	4	22	25	22	25	22	22						
No. Died ...	7	5	—	—																						
Bradley Wood San.																										
Mill Hill Hospital ...	12	3	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
Royal Infirmary ...	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—						
TOTAL ...	19	8	—	1	9	19	—	—	—	5	—	—	—	—	—	—	—	—	—	—						
No. remaining in Hos- pital on January 2, 1937	17	17	2	1																						
Bradley Wood San.																										
Mill Hill Hospital ...	6	5	—	2	7	6	—	—	—	7	6	—	—	—	10	6	—	—	—	—						
Royal Infirmary ...	—	—	—	1	1	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—						
TOTAL ...	23	22	2	4	26	25	—	4	8	18	6	7	—	—	15	10	—	—	—	15						



TUBERCULOSIS.

Ernest Firth, M.B., Ch.B., Assistant Tuberculosis Officer.

Notification.

During 1936 the total notifications of all forms of Tuberculosis were 152, giving an incidence rate per 1,000 living population of 1.3. This was the same rate as in the previous year. The incidence rates per 1,000 living population for Pulmonary and Non-Pulmonary forms were 0.8 and 0.4 respectively. Comment must again be made on the fact that far too many cases have already reached an advanced stage when they are first notified. It is then difficult and at times impossible to give the patients the benefit of modern methods of treatment.

Deaths.

It is pleasant to record once more that the mortality rate is still falling. In the year under review the number of deaths due to all forms of the disease was 63, giving a mortality rate of 0.5 per 1,000, which is the lowest ever recorded in the Borough.

During the past ten years the rate has steadily declined, and with modern methods of treatment, the rehousing of the slum dwellers and the overcrowded, a further steady decline can be expected, especially if the population will take advantage to the full of their changed environment.

It will be seen from the graph that during the past four years the notification and death rates have been approximating more closely than in former years.

Deaths taking place prior to notification were 12 in number, compared with 14 in 1935. This gives a percentage of 19—a slight increase from the previous figure of 17.5.

There was an increase in the number of deaths taking place within one year of notification, the actual number being 41, or 65 per cent. of the total deaths. This high rate is closely related to the advanced stage of the disease at which, as already mentioned, so many patients present themselves for treatment. The general public should realise that the only means by which such figures can be improved is by early treatment. To accomplish this early notification is essential, but early notification alone is not sufficient. The patient must play his or her part by accepting the advice given and the treatment offered. Many people continue to harbour a deep distrust of Sanatoria and think they can recuperate just as well at home. It is only when the disease is in its final stages that they consent to enter the Sanatorium, with the inevitable result. Too often in such cases we find the relative saying that "poor so and so went into the Sanatorium, but died." By inference they put the blame for the fatal issue upon the innocent institution and not on those deserving of censure.

Public Health (Prevention of Tuberculosis) Regulations, 1925.

No occasion arose during the year where it was deemed necessary to enforce the regulations.

Tuberculosis Clinic.

No change in the number of sessions was made during the year. The Monday afternoon clinic commenced in the previous year was continued and proved a useful addition, particularly for the examination of contacts among children.

Attendances increased to 3,801, compared with 3,417 in 1935, an increase of 384 and of almost 1,000 more than in 1934. A point has been reached when, if further increase takes place, another session will have to be added, for, failing this, adequate time cannot be spent with each patient, and this in turn would defeat the object of the the clinic, which is to guide patients in the correct way of living and not to dole out cod liver oil and cough mixtures "ad lib." The latter is a much quicker and easier course to follow than the former, but it is by no means so effective in the end.

During the year 9 patients, of whom 4 were males and 5 females, had each a course of Gold injections, and with two exceptions there was a definite improvement observed. The patients became almost free from symptoms and stated that they felt much better. In one case treatment had to be discontinued because of a skin rash, and in the other the patient became too ill to attend the clinic for his injections and he died a few months later. With those who benefited by the treatment it is too early yet to state whether the improvement is permanent or merely temporary.

New Cases at Clinic.

There was a slight increase in new cases from 218 in 1935 to 229 in 1936. Of these, 124 were considered to be definitely Tuberculous, 100 Non-Tuberculous, and 5 were still under observation at the end of the year. All the suspected cases of Pulmonary disease had an X-ray investigation at the Sanatorium as well as a clinical examination at the clinic on their first attendance.

Clinic Register.

On December 31st the number of cases on the register was 712, a decrease of 11 during the year.

Pulmonary cases numbered 533 and Non-Pulmonary 179. Of the former 162, or 30 per cent., had a positive sputum. In 1935 27.1 per cent. were positive.

The clinic register does not show the total number of cases known to the Department, for there are 83 patients whose names appear on the notification register only. This number includes those who prefer to be treated solely by their private practitioner (a small proportion only), but is made up chiefly by patients who refuse to attend the clinic in spite of the frequent visits and requests made by the Tuberculosis Nurse. Many and varied are the reasons given for non-attendance, but most of these are merely excuses; in almost all cases the real reason is that it is too much trouble to attend and for patients of this class little or nothing can be done.

Domiciliary Visits.

One hundred and ninety-eight visits were paid by the Assistant Tuberculosis Officer to the homes of patients during the year, and in 51 of these visits the private practitioner in charge of the case was present at the examination. The importance of keeping private practitioners fully informed of the findings in all new cases and of changes in the treatment of established cases is well recognised and in this connection 545 reports were forwarded during the year, compared with 465 in 1935.

Visits by the Tuberculosis Nurse, whose work continues at its usual high level of efficiency, were 1,468, a decrease of 47 on the previous year. The additional clinic held on Monday afternoons claimed more of the Nurse's time last year than in the previous year for it did not commence till November, 1935. Furthermore, there were 691 attendances for Ultra-Violet Light treatment and as these

treatments had to be carried out in the mornings before visiting could be commenced, the amount of time available for home visiting was reduced.

Laboratory Examinations.

Specimens of sputum, &c., examined during the year numbered 886, a decrease of 38 as compared to 1935.

Contacts.

There were 192 immediate contacts to new cases during the year, 121 adults and 71 children. Of these 102, comprising 57 adults and 45 children, consented to examination. This represents a percentage of 53.1 who consented to examination, compared with 59.1 in 1935. Of those examined, 3 adults and 10 children were found to be suffering from Tuberculosis.

It is still a matter of great difficulty to get contacts to attend the clinic for examination. The remark of one woman who said that she objected to being examined when there was nothing wrong with her is typical of the outlook of many others. For them the word prevention in its application to disease is meaningless and the Tuberculosis Officer is regarded as just another interfering official.

Housing.

Thanks to the assistance given by the Finance Committee excellent progress was made during the year in providing suitable housing accommodation for families exposed to grave infection. These were families in which one member suffered from active Pulmonary Tuberculosis with a positive sputum and was unable to have a bedroom exclusively for his or her use. Four houses had previously been allocated to the Health Committee for the use of families of this kind. These remained occupied during the year and houses were found for a further 21 families. In addition 7 other families were offered improved accommodation but refused to accept the houses available. The reasons offered for refusal seemed trivial and should not have been allowed to stand in the way of accepting an offer which would have done so much to safeguard at least one member of the family from the risks of a mass infection.

There are still 7 families known to the Department for whom early removal has been recommended, but of these 4 require houses of the 4 bedroom type, of which only very few are available.

After Care.

This is still confined to the provision of extra nourishment and the problem of an active After Care Committee remains unsolved. During the year three lectures were given, the subject being the Prevention of Tuberculosis.

Bradley Wood Sanatorium.

No changes in accommodation were made during the year as the proposed extensions have not yet been commenced. Plans for the erection of a new block for female patients, a new recreation room, a Resident Medical Officer's residence, and for extending the Nurses' Home, were approved several months ago. Delay in commencing building operations has been due to the lengthy procedure involved in acquiring the additional land required for these extensions.

During 1936, 116 patients were admitted to the Sanatorium, a decrease of 13 as compared to 1935. This decrease can be accounted for largely by the increased use now made of the beds at Mill Hill Isolation Hospital for the more advanced cases, so that the beds at Bradley can be used as far as possible for early cases and for those considered suitable for some form of active treatment.

Deaths in the institution show a decrease of 4, the total being 12 as against 16 in 1935. Here again the explanation lies in the use of beds at Mill Hill, for whilst in 1935 the deaths there were only 7, in 1936 they numbered 15.

It is satisfactory to note that out of the total deaths in the Borough, 28, or 44.4 per cent., took place in hospital, thus avoiding risk of contact infection in the home during the terminal phases of the disease when risk is so greatly increased.

X-ray Examinations.

The total number of examinations made during the year was 744, which is a slight increase on the previous year. Screenings numbered 625, an increase of 35 on 1935.

It will be seen from these figures that the X-ray plant was in very frequent use. Owing to the heavy demands made on it in the early months of the year a new transformer unit was provided, thus bringing the plant up to date and enabling better films to be obtained.

Artificial Pneumothorax.

Too few cases are suitable for this form of treatment when first seen, but during the year 5 inductions were attempted and all were successful. In addition, treatment was continued in 7 cases which had been induced in 1935. The total number of refills given was 269.

Of these 12 cases, the position on December 31st was that in 10 patients treatment was to be continued in 1937, one case was transferred to another area and the treatment continued there, whilst the remaining patient left the district without warning and was lost sight of. The condition of all the patients was definitely improved.

Phrenic Evulsion.

Only 2 patients required this form of treatment during the year. In one patient the operation was done to assist in the collapse of the lung during treatment by artificial pneumothorax and in the other because of old standing basal pleurisy which was causing constant pain due to many adhesions to the diaphragm. In both patients the immediate result was good and they experienced much relief from their symptoms.

Gold Therapy.

Fourteen patients had injections of gold salts during the year, a much smaller number than in 1935, but in spite of its recognised risks and disappointing results in many cases it is felt that the chance of improvement is sufficiently good to justify the risk involved. The patients themselves are aware of this, and many have of their own accord asked to be given the treatment or to have a further course because of the benefit obtained from a previous one.

The following is an assessment of the condition of the patients treated at the year end :—

Improved ...	...	...	...	...	6
No change	...	...	...	...	3
Worse ...	...	...	...	...	—
Discontinued	...	...	...	...	3
Course not completed in 1936	...	...	...	...	2

In 3 cases where treatment was discontinued the causes were as follows :—

Albuminuria	...	...	...	...	1
Diarrhoea ...	...	...	...	...	2

In the 2 patients suffering from Diarrhœa it became obvious at a later date that the true cause of the condition was a Tuberculous infection of the intestines.

Orthopædic Cases.

Conservative treatment has again been the main prop in the scheme and no cases which required operative treatment have arisen during the year. The number of patients who required plaster of paris splints was not so numerous as in the previous year, and the following is a list of the types applied :—

Single spicas	...	...	...	...	8
Foot and ankle	...	...	...	...	6
Elbow joint	...	...	...	...	1
Wrist joint	...	...	...	...	2

The immediate result of treatment has been good, and during the past three years only one orthopædic patient has had to be re-admitted to the Sanatorium because of a recurrence of the disease or on account of increased deformity.

Ultra Violet Light.

The Hanovia Duo Therapy Unit has now been in use for a full year and has given complete satisfaction. The following table shows the type, number, and condition of patients who have had treatment during the year :—

ADULTS—MALE.			Improved	No change	Died	
Fibrositis (Local only)	...		1	—	—	
Arthritis of ankle (Local only)			1	—	—	
T.B. Abdomen (Local only)	...		—	—	1	
ADULTS—FEMALES.						
T.B. Abdomen	...	...	5	—	—
Genito-Urinary T.B.	...	...	1	—	—
Cervical Adenitis (T.B.)	...		—	—	1	
T.B. Mesenteric Glands associated with Pulmonary disease			—	—	1	
CHILDREN.	Boys	Girls	Improved	No change	Died	
Abdomen	...	10	6	15	1	—
Elbow joint	...	—	1	1	—	—
Hip joint	...	1	4	5	—	—
Cervical Adenitis	6	1	7	—	—	—
Pulmonary disease	1	1	2	—	—	—

All patients had general light baths unless otherwise stated.

During the year there were 263 sessions, 122 for adults and 141 for children, and the total attendances were 1,456, made up of 358 adults and 1,098 children.

The year's experience suggests that the treatment has been a valuable aid towards recovery and in many cases, particularly those suffering from disease of the abdomen or cervical glands, it has materially shortened their stay in the Sanatorium.

Mill Hill Hospital.

In the Tuberculosis Wards 29 beds are available for adults, and as far as is possible they are used for very advanced cases.

During the year 42 cases were admitted ; of these 15 died in the institution and a further 28 were discharged ; in several of these cases the patient refused to stay any longer in Hospital in spite of warnings of the risk to themselves and others with whom they would be in close contact.

VACCINATION.**Ernest Firth, Vaccination Officer.****The Vaccination Acts, 1867 to 1898, and the Vaccination Act, 1907.****TABLE XXXIV.**

Registration Sub-Districts	No. of Births registered from 1st January to 31st December, 1935	No. successfully Vaccinated by Public Vaccinators.	No. successfully Vaccinated by Private Practitioners	No. In- susceptible of Vaccination	No. who have had Small-pox	No. of Statutory Declarations of Conscien- tious Objections
1. Huddersfield ...	1250	177	114	—	—	860
2. Almondbury ...	218	40	14	—	—	152
3. Lockwood ...	252	47	17	—	—	167
Totals ...	1720	264	145	—	—	1179

Registration Sub-Districts	No. who have died Un- vaccinated	No. Postponed by Medical Certificate	No. removed to other Districts and Vaccination Officer notified	No. of Cases not Found	No. of Defaulters	
1. Huddersfield ...	54	10	4	25	6	
2. Almondbury ...	8	1	—	2	1	
3. Lockwood ...	9	2	4	6	—	
Totals ...	71	13	8	33	7	

From the above return it will be found that for the year 1935 the percentage of children vaccinated was 23.8. Compared with the previous year (1934) this shows a decrease of 2.2 per cent. The fall can be accounted for by the increased number of children in respect of whom exemption certificates were obtained by the parent making a statutory declaration before a Justice of the Peace or a Commissioner of Oaths. This amounted to 68.5 per cent.

VENEREAL DISEASES,

**Denton Guest, M.D., Ch.B., Assistant Medical Officer of Health for
Venereal Diseases Work.**

The year under review constitutes a record in so far as total attendances are concerned, a total of 18,549 being recorded.

This is nearly 2,000 greater than the number in 1935, and 145 more than the total in 1934, which up to then had proved the highest number.

The increase is largely the result of increased attendances by West Riding patients, who aggregated nearly 2,000 more than in the previous year. The increased number of new cases received for treatment from the West Riding areas was 158 for 1936, as against 74 in 1935.

Of the total attendances, 5,233 received individual attention and treatment from the Medical Officer, the remainder, 13,316, receiving intermediate treatment, i.e., irrigation, dressing, &c., at the hands of the Orderly and Nursing Staff.

The total number of new cases seen during the year was 424, an increase of 32 over the previous year.

Of these new cases, 159 were Non-Venereal in character, 55 were suffering from Syphilis, 207 from Gonorrhœa and 3 had Soft Sores.

Of the cases of Syphilis, 31 were of recent dated infection, 1 was of congenital origin, and 23 were old standing specific infections.

Special attention has been paid during the year to the treatment of patients suffering from Syphilis who were pregnant, and in a large percentage of these patients it has been found possible to carry out treatment late into the pregnancy.

In this work valuable assistance has been given by the co-operation of the staff of the ante-natal clinics, both under the Local Authority and at the Infirmary.

The drop in the number of congenital cases is very striking and is, one fears, too good to be true. It may in some part be due to a tendency on the part of the Staff at the Infirmary to treat their own cases of Congenital Syphilis whilst under their care in hospital, and then transfer them when they become ambulatory for further treatment at the clinic.

There has been a big drop, however, in the number of congenital cases referred by the School Medical Officers during this year; it is largely from this department, from the Welfare Clinics, and from the Eye Department at the Infirmary that the majority of cases are sent to the clinic for treatment.

Defaulters from treatment numbered 81, but of these 20 had completed their treatment, though not their tests of cure.

Of the others, 2 were Congenital Syphilitics, 2 were Primary Syphilitics, 13 were cases of Tertiary Syphilis, and the remaining 44 were cases of Gonorrhœa.

Of the Syphilitics, all but 4 had received at least one full course of injections, and 6 had completed treatment, but not the tests of cure.

Of the 44 cases of Gonorrhœa which defaulted, 13 had completed their treatment, and 31 defaulted before the treatment given was considered adequate.

The methods of treatment employed were those recommended by the Special Committee of the League of Nations, as set out in a circular issued earlier in the year, and results obtained were very satisfactory.

As in previous years, members of the Public Health Medical Staff, and certain other doctors, have attended the clinic for instruction from time to time.

Pathological Examinations.

The pathological work carried out at the Venereal Diseases Clinic showed a slight increase during the year. In the current year 1,063 specimens were examined, as against 1,017 in 1935.

In addition to the above work, which is carried out by the Venereal Diseases Medical Officer personally, Wassermann tests to detect the presence of a Syphilitic infection are carried out at the Public Health Laboratory, Manchester. The following is a list of the examinations carried out during the year and shows the source from which the specimens examined were obtained. The figures given do not include 19 specimens which when sent were not examined or were found on examination to be unsatisfactory.

TABLE XXXV.

SPECIMEN	CLINIC				INFIRMARY				PRIVATE DOCTORS AND MEDICAL OFFICER OF HEALTH				TOTAL 1912
	Result				Result				Result				
	Neg.	Pos.	Doubtful	Total	Neg.	Pos.	Doubtful	Total	Neg.	Pos.	Doubtful	Total	
Wassermann (Blood) ...	304	139	65	508	370	47	6	423	166	34	15	215	114
Wassermann (Cerebro-spinal fluid)	89	4	—	93	1	1	—	2	8	1	—	9	10
Gonococci	25	6	2	33	17	16	1	34	4	—	1	5	7
Urethral Smear	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals	418	149	67	634	388	64	7	459	178	35	16	229	132

In-Patient Treatment.

Patients requiring in-patient treatment on account of venereal diseases are admitted to the Huddersfield Royal Infirmary under the care of the Venereal Diseases Officer. The maintenance charges in such cases (8/- per patient day) are paid by the Local Authority.

During the past year, 21 persons received in-patient treatment in accordance with this arrangement, the average duration of residence in Hospital being 19.67 days.

The Local Authority did not accept responsibility for the payment of the maintenance charges for patients treated in other Hospitals.

The following statement shows the services rendered at the treatment centre and in Hospital during the year, classified according to the areas in which the patients resided:—

TABLE XXXVI.

Name of County Borough or County in which person treated ordinarily resides	Hudders- field County Borough	West Riding	Barnsley	Birmingham	Blackpool	Bradford	Bury	Cheshire	Dewsbury	Edinburgh	Halifax	Leeds	Leicester	Liverpool	London	Manchester	Northumberland	Worcestershire	York	Total
Number of cases dealt with at Treatment Centre for first time	256	158	1	—	1	—	—	—	—	—	4	2	—	—	1	1	—	—	—	424
Total attendances	11,609	6,517	120	42	35	21	2	5	46	2	43	55	8	10	20	9	1	3	1	18,549
Aggregate number of "In-patient days"	321	92	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	413

THE VETERINARY OFFICER'S ANNUAL REPORT.

RAMSDEN STREET,
HUDDERSFIELD.

TO THE CHAIRMAN AND MEMBERS OF THE
WATCH AND HEALTH COMMITTEES.

GENTLEMEN,

I have the honour to submit my report of the work of the Veterinary Department during the past year, 1936.

The past year has seen the introduction of new legislation by the Minister of Agriculture and Fisheries and by the Minister of Health, the enforcement of which is laid upon the Local Authority.

For the control of a serious parasitic affection of cattle by the warble fly, the Warble Fly (Dressing of Cattle) Order of 1936 came into force at the beginning of the year.

Provision has also been made for the application of the Diseases of Animals Acts to poultry for the better control of contagious diseases of poultry. The mortality from poultry diseases in this country is very considerable and a recent estimate is that the loss is at least £3,000,000 per annum. Three Orders have been published containing new measures for control of important diseases and came into operation on January 11th, 1937.

In relation to milk, the new Milk (Special Designation) Order, 1936, has operated from 1st of June, 1936. This Order, issued by the Ministry of Health, revokes the Milk (Special Designations) Orders of 1923 and 1934. It prescribes new designations for graded milks and deals with the methods of production. The most important feature is that the testing, grading and approval of such milk is handed over by the Ministry of Health to the local authorities.

Unfortunately some confusion has arisen owing to varying interpretations of the Order by different authorities, but it is hoped that uniform standards will be adopted eventually by all areas of the country.

The report of the Reorganisation Commission for Milk for Great Britain was compiled towards the end of the year and published. It comprises a volume of great length and detail on the working of organised milk marketing in Great Britain under milk marketing schemes and its incidence on production, distribution and consumption. It makes recommendations for further improvement.

This is another addition to the vast volume of literature on milk, and many recommendations will doubtless be hotly debated by those most concerned. The following excerpt from the report is of interest. "We have been impressed with the rapidly gathering public interest in nutritional problems—a development which has a special meaning for the milk industry. It has long been recognised that milk is unique as the most complete of all individual foodstuffs and the most necessary to the health and well being of the rising generation. Recent expert investigations have confirmed this view, and, in doing so, have thrown light upon the deficiencies in the diet of a large proportion of the people, particularly the poorer classes.

Organised marketing can and should play an important part in assisting to fill these deficiencies. The public importance of the milk supply and the national need for increasing the consumption of liquid milk have been prominently in our minds throughout our enquiries and discussions."

Bound up with this desire for increased consumption of so valuable an article of diet, there must be adequate safeguards for its purity and safety. Sir John Orr in his addendum to the Commission's recommendations stresses this public health aspect of the milk supply.

The Commission also emphasises, in connection with dairy herd improvement, the importance of the need for eradication of bovine tuberculosis, not only on account of the importance to the consumer of tuberculin-tested milk, but also because of the effect of this disease on the cost of milk production.

Diseases of Animals Acts and Orders.

Certain contagious diseases of animals are scheduled by the Ministry of Agriculture and Fisheries as notifiable. A few of these are dealt with entirely by the Veterinary Staff of the Ministry after notification of suspicion by the local authority concerned, in accordance with the procedure laid down under the Diseases of Animals Acts.

Foot and Mouth Disease.

The Borough has again been fortunate in escaping a visitation from this very contagious disease although outbreaks occurred in the West Riding in addition to the presence of other centres of the disease in various parts of the country.

Swine Fever.

Four reports of suspected Swine Fever were made to the Ministry of Agriculture and Fisheries, but their examination did not confirm the existence of disease.

Anthrax.

No suspected cases have been reported or dealt with during the year.

Sheep Scab.

This district has been free from outbreaks and the irksome restrictions necessary for its control.

Tuberculosis.

This disease in bovines is dealt with in accordance with the provisions of the Tuberculosis Order 1925, and schedules certain forms of the disease as notifiable.

Eleven cows, against twenty-two last year, were found to come within the provisions of the Order and were slaughtered.

Four were found to be suffering from tuberculosis of the udder ; two were affected with a chronic cough and showed definite clinical signs of the disease ; five showed tuberculous emaciation.

Following removal of these affected animals, the premises are disinfected.

The sum of £60 0s. 0d. was paid in compensation and £4 3s. 0d. recovered as salvage on the carcasses.

Tuberculosis (Attested Herds) Scheme.

By Section 9 of the Milk Act, 1934, the Minister of Agriculture and Fisheries and the Secretary of State for Scotland were empowered to make "arrangements" with the approval of the Treasury, for the expenditure "of sums not exceeding £750,000 spread over a period of four years to assist in securing as far as practicable that the milk supplied for human consumption . . . is pure and free from the infection of any disease."

The anticipated benefits of the scheme to the owner qualified to hold a certificate of Attestation were in the opinion of the Minister :—

- (a) a bonus of 1d. per gallon for milk produced from an attested herd and sold through the marketing provisions of the Milk Marketing Scheme ;
- (b) free official tuberculin tests of the herd ;
- (c) the certainty of an enhanced market price for animals from an attested herd ;
- (d) an improvement in the stamina of the herd, including increased milk yield and greater freedom from other diseases ;
- (e) the prolongation of the average life of an animal in an attested herd.

The conditions for qualification for attestation are so onerous, and the financial return of 1d. per gallon bonus on milk sold through the Milk Marketing Board so small that the scheme has not prospered. The Attested Herds Register published on January 31st 1937, showed 208 herds comprising 7,944 animals—i.e. 0.125 per cent. of the total cattle population in England and Wales. In Scotland, 256 herds comprising 21,025 animals—i.e. 1.6 per cent of the total cattle population in Scotland.

Amendments of the scheme have been under consideration for some considerable time and it is hoped that one will be evolved which will give at least an adequate return for the care and skill necessary to create and maintain an attested herd.

Markets Inspections.

These are carried out on Market Days and an examination made of all animals exposed for sale. Such inspections are a safeguard against the spread of contagious diseases such as bovine tuberculosis, swine fever, sheep-scab &c. Some of the more important poultry diseases must now be dealt with if encountered.

In addition to disinfection of the markets themselves, the Transit of Animals Order prescribes the methods by which vehicles used for animal transport shall be cleansed and disinfected, and excellent facilities for this purpose are available at the Hillhouse Sanitary Depot, near to the Cattle Market. It is obvious that such disinfection is necessary when so many animals are carried to and from the markets by vehicles hired for this purpose.

Exposure of Over-stocked Cows in Markets.

The Ministry of Agriculture and Fisheries have in the past two years made representation to local authorities and others regarding this objectionable practice. Notices have been issued to the Press by the Ministry.

Attention is called to the practice of exposing for sale in markets over-stocked cows, that is to say, cows left unmilked with a view to distending the udders and showing the animals' capabilities as milkers.

This practice is quite unnecessary to convince a purchaser that the cow possesses good qualities as a milker ; indeed the reverse is the case as it is difficult to assess the value of a cow as a milker with a very distended udder. The practice may easily involve suffering to the animal and if that is so the person responsible renders himself liable to proceedings for cruelty under the Protection of Animals Act, 1911. Over-stocking of cows in markets is an old custom, and like many old customs dies but slowly.

Cattle dealers and farmers have been advised frequently of the undesirability of the practice and warned of the possibility of being responsible for an act of cruelty.

New Order Affecting Poultry.

In pursuance of the powers conferred upon him by the Diseases of Animals Act, 1935, the Minister of Agriculture has made three new Orders for the better control of contagious diseases of poultry.

1. The Fowl Pest Order of 1936.
2. Poultry Markets and Receptacles (Disinfection) Order of 1936.
3. Poultry and Hatching Eggs (Importation) Order of 1936.

The Fowl Pest Order, 1936.

Compulsory notification of the existence or suspected existence of the disease by the owner or person in charge is accompanied by the necessity for the dispatch of a carcase of a suspected bird to the Ministry's Veterinary Laboratory, New How, Weybridge. Diagnosis can only be carried out by inoculation and under laboratory conditions.

Confirmation of the existence of disease is followed by isolation of the infected premises and poultry. Where necessary or desirable to limit the spread of disease, the policy of killing out affected flocks and possibly in-contact flocks will be followed, compensation being paid. Thorough disinfection will then be carried out.

The Poultry Markets and Receptacles (Disinfection) Order, 1936.

Cleansing and disinfection of pens in markets, saleyards &c., must be carried out after use by the owner or Local Authority of the district, as the case may be.

Receptacles used for conveyance of live poultry or for the exposure for sale of live poultry shall be cleansed and disinfected by the owner or person in charge in a manner prescribed.

The Poultry and Hatching Eggs (Importation) Order.

This deals with the conditions under which poultry and hatching eggs may be landed in Great Britain and provides measures for control of any diseased birds which might be imported.

No duties in connection with this Order will in the ordinary course devolve on Local Authorities.

Milk and Dairies Acts and Orders.

It is by virtue of these Orders that a certain standard of cleanliness in the production and handling of milk is to be expected and the possible spread of disease by milk controlled.

Milk and Dairies (Consolidation) Act, 1915.

Under Section 4 of this Act, where a bulk sample of milk has been found to contain Tubercle Bacilli, the Medical Officer of Health endeavours to ascertain the source of supply and to cause the cattle to be inspected. This is a valuable method of control of the purity of the milk supply in addition to routine clinical examination of dairy herds.

Eighty-nine samples of bulk milk were examined from producers within the borough and two of these were found to contain tubercle bacilli, a percentage of 2.25. Last year the percentage of infected milk was 3.33.

On enquiry into these cases it was found that one cow had already been slaughtered by the owner; the other offending cow was detected by biological examination of the milk.

Milk (Special Designations) Order, 1936.

This new Order came into operation on the 1st of June, and revoked similar Orders of 1923 and 1934.

The familiar, and yet often confusing grades of "Certified" and "Grade 'A' Tuberculin Tested" and Grade "A" disappear, and in their places an attempt has been made to simplify the nomenclature of graded milks.

"TUBERCULIN TESTED MILK" is from tuberculin-tested cows and is substantially the same milk as previously sold under the designations "Certified" or "Tuberculin Tested Grade 'A'."

"TUBERCULIN TESTED MILK (CERTIFIED)" is milk produced and bottled on the farm. It may be pasteurised and is then described as "Tuberculin Tested Milk (Pasteurised)."

"ACCREDITED MILK" is raw milk from cows which have passed a veterinary examination and is bottled on the farm or elsewhere. It must comply with certain specified bacteriological standards as regards cleanliness.

"PASTEURISED MILK" is milk which has been retained at a temperature of 145° to 150° F. for at least 30 minutes and must not exceed a certain bacterial count.

The enforcement of the requirements of this Order and the granting of licences is now in the hands of the various local authorities. The conditions necessary for the production of Tuberculin Tested milk are such that uniformity is easily attained throughout the country. Such is, unfortunately, not the case in connection with the granting of accredited milk producers' licences. Different authorities have varying ideas as to what the minimum requirements should be in regard to the housing of cattle, methods of milk production, dairy accommodation and appliances. This lack of uniformity is unfortunate but doubtless in time some general standard of requirements will be evolved. Requirements that are too lax will undoubtedly defeat the aim of raising the general standards of milk production and in addition will give the consumer a false sense of security.

To holders of accredited producers licences, the Milk Marketing Board gives a bonus of 1d. per gallon of milk sold through the Board. This is a definite incentive to farmers to produce a clean milk and helps towards supplying the equipment for modern requirements. In the Borough there are now 20 accredited producers.

Milk in Schools Scheme.

Fifteen producers supplying milk to schools in the Borough are especially asked to ensure care in its production and handling. Proper equipment for the cleansing and sterilisation of the bottles is insisted upon.

Milk and Dairies Order, 1926.

This Order prescribes and details general provisions for securing the cleanliness of dairies and the hygienic methods by which milk should be produced and stored.

Part 4 of the Order deals with health and inspection of cattle and specifies certain diseases of cows which render milk unfit for human consumption.

Regulations are also laid down regarding the provision of wholesome water supplies ; the lighting and ventilation of cowsheds and dairies ; the construction of cowshed floors and drainage.

Health and Inspection of Cattle.

There have been no outbreaks of contagious disease and a good standard of health has been maintained.

Routine inspections are carried out on all farms within the Borough five times in the year, and additional visits are made in those cases where conditions have been found to be unsatisfactory and as often as possible at milking times.

Abnormal conditions of the udder necessitated the laboratory examination of 26 samples during the past twelve months. Pending the results of the biological tests of these individual samples, isolation of the suspected animal is carried out as far as practicable and the milk discarded.

Four of these samples proved to be positive to the presence of tubercle bacilli and these cows were accordingly slaughtered under the Tuberculosis Order.

In addition, seven other cows were found to come within the scope of this Order and were similarly dealt with.

Milk Examinations.

A number of milk samples are taken weekly under the direction of the Medical Officer of Health and are examined as to their bacterial content. A reasonable standard such as that laid down for "Accredited Milk" is taken and samples which are found to be below this standard of cleanliness are reported to me for investigation at the source of supply.

Thirty-six cases have been investigated during the year, and it is disappointing to find so many producers failing in their methods of production.

Satisfactory bacterial counts but the presence of coliform organisms occurred in 22 instances ; too high bacterial counts and coliform bacilli were found in 13 samples ; and in 1 case an excessive bacterial count.

Conditions of production in 5 cases were found to be good and the probability is that accidental contamination had taken place. The causes in the remainder were some degree of carelessness in the preparation of the cows for milking or during milking or imperfect sterilisation of milking utensils.

This failure of the human element is difficult to guard against, and slipshod methods of one individual amongst a team of milkers can nullify the greatest care of the others.

During investigation of these unsatisfactory samples, the supervision of milking methods often reveals the obvious cause. This is explained and stress laid upon the great care necessary in attention to all the details of clean milk production.

Dairies on Farms.

Part 5 of the Milk and Dairies Order deals with "General provisions for securing the cleanliness of dairies &c., and for protecting milk against infection."

The necessity for proper storage accommodation and the adequate means for cleansing and sterilisation of utensils is recognised by most producers and the installation of modern equipment is constantly urged. The heavy drain on the farmers' resources by the Milk Marketing Board levies is, however, preventing a rapid advance in this direction.

One new dairy has been erected and on six farms additional dairy accommodation has been provided to accommodate better equipment.

Cowsheds.

The modernising and reconstruction of cowsheds is urged whenever practicable and advice is given as to construction &c.

Five new sheds have been provided and one cowshed reconstructed.

The advent of new housing schemes will see the passing of several cowsheds in the near vicinity of the town or bring existing ones in too close proximity to new housing estates. The problem is a very serious one for the farmer concerned for the local farmer owes such prosperity as comes his way to his business of producer-retailer. Removal to a distant part away from his usual milk round may make the difference between success and failure.

Summary.

Number of Registered Farms	...	137
Number of Registered Farmers	...	129
Number of Producer Retailers	...	107
Number of Producer Wholesalers	...	12
Number of Producers for own use	...	10

The approximate number of cows is 1,760 housed in 286 sheds.

The approximate amount of milk produced daily in the Borough is 2,600 gallons or 18,200 gallons per week.

The total number of inspections during the twelve months under review is 1,406.

The total number of clinical examinations of cows is 7,711.

Sanitary defects discovered and remedied are:—Repairs to dairy 1; repairs to cowshed walls 1; repairs to cowshed floors 1; cowshed floors reconstructed 9; lighting and ventilation 1.

In conclusion my thanks are due to the farmers for maintaining the general standard of cleanliness on their farms and for their courtesy and help.

The interest and assistance of other officers of the Corporation have been much appreciated and I am indebted to members of the Borough Police Force for their ready help in carrying out the work under the Diseases of Animals Acts.

During the year, I have received willing and able assistance from Mr. J. Beever, Sanitary Inspector.

Your interest and support, Mr. Chairman and Gentlemen, are greatly appreciated.

I am,

Your obedient servant,

W. R. McKINNA, M.R.C.V.S., D.V.S.M.

Veterinary Officer.

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